

[Firm Name]

[Firm Address Line 1]

[City, State, Zip]

[License Number / Tax ID]

INTERIM AUDIT INVOICE

CLIENT / BILL TO:

[Client Name]

[Attention: Name/Department]

[Client Address]

Invoice #: [00000]

Date: [Date]

Audit Period: [Start Date] - [End Date]

Due Date: [Date]

Description of Audit Services	Hours	Rate	Amount
Professional Services: Internal Controls Review & Risk Assessment	[0.00]	[\$[0.00]]	[\$[0.00]]
Substantive Testing of Transactions (Interim Period)	[0.00]	[\$[0.00]]	[\$[0.00]]
Compliance Testing & Documentation	[0.00]	[\$[0.00]]	[\$[0.00]]
Out-of-Pocket Expenses (Travel, Admin, etc.)	-	-	[\$[0.00]]

Subtotal: \$[0.00]

Tax / VAT: \$[0.00]

Total Due: \$[0.00]

Payment Instructions: Please make checks payable to "[Firm Name]". For wire transfers, use Account No: [00000000] Sort Code: [00-00-00].

Notes: This invoice covers interim audit procedures performed to date. Final billing will occur upon issuance of the Audit Report.