INVOICE

[Organization Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

[Client Name]
[Client Company]
[Client Address]

Project:

Compliance Readiness Gap Analysis
Framework: [e.g., SOC2, HIPAA, ISO 27001]

Description of Services	Hours/Qty	Rate	Amount
Initial Discovery & Stakeholder Interviews	[0.0]	$[0.00]	$[0.00]
Control Environment Documentation Review	[0.0]	$[0.00]	$[0.00]
Gap Identification & Technical Controls Assessment	[0.0]	$[0.00]	$[0.00]
Remediation Roadmap & Final Readiness Report	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax: $[0.00]

Total Due: $[0.00]

Payment Terms: Net [30] Days. Please make checks payable to [Organization Name].

Notes: This invoice covers the gap analysis phase only. Remediation implementation services are billed separately.