[CONSULTING FIRM NAME]

Risk & Compliance Division
[Address Line 1]
[City, State, Zip]
[Email / Phone]

INVOICE

[0000]
Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Attention: Department]
[Address Line 1]
[City, State, Zip]

PAYMENT TERMS:

Net [30] Days
Due Date: [MM/DD/YYYY]

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Regulatory Compliance Audit - [Project Name]	[0.00]	$[0.00]	$[0.00]
Risk Assessment & Framework Design	[0.00]	$[0.00]	$[0.00]
AML/KYC Remediation Services	[0.00]	$[0.00]	$[0.00]

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Out-of-Pocket Expenses (Reimbursable)	1	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]
Total Due: $[0.00]

Payment Instructions:
Bank Name: [Name] | Account: [Number] | Routing: [Number] | SWIFT: [Code]

Note: Professional services rendered are subject to the terms and conditions outlined in the Master Service Agreement (MSA).