COMPLIANCE INVOICE

HIPAA / HITECH / SOC2 TYPE II

[Organization Name]
[Address Line 1]
[City, State, Zip]
[Tax ID / NPI]

BILL TO:

[Client Name]
[Client Department/Point of Contact]
[Client Address]
[Client Email]

INVOICE DETAILS:

Invoice #: [INV-0000]
Date: [Date]
Due Date: [Date]
Project: [Compliance Audit/Security Assessment]

Service Description	Hours/Qty	Rate	Total
Security Risk Assessment (SRA) - Annual Update			
Vulnerability Scanning & Penetration Testing			
HIPAA Privacy & Security Rule Training (Staff)			
BAA Review & Vendor Risk Management			

Subtotal: $0.00
Tax/Regulatory Fees: $0.00
Balance Due: $0.00

PAYMENT INSTRUCTIONS & COMPLIANCE NOTES

Please remit payment via ACH or Wire Transfer. All data handled during this engagement is processed in accordance with the Business Associate Agreement (BAA) on file. Security artifacts and audit logs related to these services are available upon request through the secure portal.