

[Pharmacy Name]
[DEA Registration Number]
[Pharmacy NPI Number]
[Street Address, City, State, Zip]
COMPLIANCE INVOICE

BILLED TO: [Client Name/Entity]
[Facility License Number]
[Address Line 1]
[Address Line 2]
INVOICE DETAILS: Invoice #: [000000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]
Audit Reference: [Reference ID]

Compliance Service / Item Description	Units/Hrs	Rate	Amount
Controlled Substance Inventory Audit (DEA Form 222 Verification)			\$0.00
State Board of Pharmacy Regulatory Filing Fees			\$0.00
HIPAA Security Risk Assessment & Documentation			\$0.00
Pharmacist-in-Charge (PIC) Compliance Review			\$0.00
Subtotal: \$0.00			
Regulatory Tax/Fees: \$0.00			

Total Amount Due: \$0.00

Payment Terms: Net 30. Please include invoice number with remittance.

This document serves as a record for regulatory accounting compliance. Please retain for your pharmacy records for a minimum of [X] years as required by state law.