INVOICE

[Your HR Consultancy Name]
[Business Address]
[City, State, Zip]
[Tax ID / EIN]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Company Name]
[Contact Name]
[Client Address]
[City, State, Zip]

PROJECT REFERENCE:

HR Compliance Audit & Risk Assessment
Period: [Start Date] - [End Date]

Service Description	Units/Hours	Rate	Amount
Compliance Policy Review & Employee Handbook Update	[0.00]	$[0.00]	$[0.00]
Risk Mitigation Assessment (FLSA/EEOC Audit)	[0.00]	$[0.00]	$[0.00]
Management Training: Harassment & Discrimination	[0.00]	$[0.00]	$[0.00]
Regulatory Filing Assistance (EEO-1/OSHA)	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax/VAT: $[0.00]

TOTAL DUE: $[0.00]

Payment Terms: Net [30] Days. Please make checks payable to [Your Name/Business].

Notes: This invoice covers professional services related to labor law compliance and organizational risk management. It does not constitute legal advice.