INVOICE

Warehouse Audit Services

Invoice #: _____

Date: _____

AUDITOR / AGENCY

_____

_____

_____

CLIENT / WAREHOUSE FACILITY

_____

_____

_____

Audit Service Description	Rate/Hr	Hours/Qty	Total
On-site Operational Safety Inspection	$		$
Inventory Management & Shrinkage Analysis	$		$

Audit Service Description	Rate/Hr	Hours/Qty	Total
Supply Chain Workflow Assessment	$		$
Compliance & Regulatory Documentation Review	$		$
Final Audit Report & Recommendations	$		$

Subtotal: $ _____
Tax: $ _____
Total Due: $ _____

Payment Terms: Net 30 Days. Please make checks payable to _____.

Thank you for your business regarding your facility's operational excellence.