INVOICE

[Your Consulting Firm Name]
[Street Address]
[City, State, Zip]
[Email / Phone]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Name / Company]
[Client Address]
[City, State, Zip]
[Attn: Name]

PROJECT REFERENCE

Project: [Risk Assessment / Audit Name]
PO Number: [Reference #]

Service Description	Hours/Qty	Rate	Amount
[Risk Identification & Analysis]	0.00	$0.00	$0.00
[Mitigation Strategy Development]	0.00	$0.00	$0.00
[Compliance Framework Audit]	0.00	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Balance Due: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to: **[Firm Name]**
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your business.