

COMPLIANCE INVOICE

[Security Firm Name]
[Facility Security Officer (FSO) Contact]
[Physical Address]
[Cage Code / Unique Entity ID]

Invoice #: _____

Date: _____

PO #: _____

BILL TO

[Client Name]
[Attn: Security Dept]
[Client Address]
[Tax ID]

FACILITY DETAILS

Clearance Level: _____
Site Location: _____
Project Code: _____

Compliance Activity / Service Description	Quantity	Rate	Total
Facility Security Clearance (FCL) Maintenance			
Personnel Security Clearance (PCL) Processing			
DCSA Audit Preparation & Annual Inspection			

Compliance Activity / Service Description	Quantity	Rate	Total
---	----------	------	-------

Information System (IS) Security Oversight

Insider Threat Program (ITP) Compliance

Subtotal: \$ _____
 Tax / Regulatory Fees: \$ _____
 Grand Total: \$ _____

Terms: Payment due within 30 days. Certification of compliance provided upon receipt of payment.

Payment Info: [Bank Name] | **Account:** [Number] | **Routing:** [Number]