ETHICS COMPLIANCE AUDIT INVOICE

[Your Company Name]
[Address Line 1]
[City, State, Zip]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Client Address]
[Contact Person]

AUDIT PERIOD:

[Start Date] to [End Date]

Description of Audit Services	Hours/Qty	Rate	Amount
Regulatory Compliance Risk Assessment			
Employee Code of Conduct Review			
Whistleblower Policy & System Audit			
Executive Ethics Interview Sessions			

Description of Audit Services	Hours/Qty	Rate	Amount
Final Compliance Report & Certification			

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

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

Notes: This audit was conducted in accordance with [Specific Standard, e.g., ISO 37001 or SOX Compliance].