INVOICE

Internal Governance Audit Services

Invoice #: _____

Date: _____

From:

Consultant/Firm Name
Address Line 1
City, State, Zip
Email / Phone

Bill To:

Department/Organization Name
Attention: Audit Committee
Address Line 1
City, State, Zip

Description of Audit Activity	Hours/Qty	Rate	Total
Risk Assessment & Framework Review			
Policy Compliance Testing			
Board Governance Interview & Reporting			
Administrative/Travel Expenses			

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Payment Terms: Net 30 Days
Wire/ACH Details: Bank Name | Account: _____ | Routing: _____
Note: Professional services rendered for internal control evaluation.