

COMPLIANCE AUDIT INVOICE

Government Utility Board
Department of Regulatory Affairs
123 Municipal Way
City, State, Zip

Invoice #: _____
Date: _____
Audit ID: _____

Bill To:

Entity Name: _____
Utility License #: _____
Address: _____
Contact: _____

Audit Period:

From: _____
To: _____

Description of Service / Compliance Code	Hours/Qty	Rate	Amount
Field Inspection & Safety Protocol Audit			
Data Verification & Reporting Review			
Environmental Impact Assessment Fee			
Administrative Processing Fee			

Subtotal: \$ _____

Regulatory Surcharge: \$ _____

Total Due: \$ _____

Payment Terms: Net 30 Days. Please make checks payable to "City Treasurer - Utility Audit Division".

Notice: Failure to remit payment for statutory compliance audits may result in administrative penalties or suspension of utility operating permits under Local Ordinance Section 402-A.