

# AUDIT INVOICE

Institutional Power Consumption

**Invoice #:**  
[Invoice ID]  
**Date:**  
[Date Issued]

**Auditor / Provider:**

[Company Name]  
[Tax ID / Registration]  
[Contact Information]

**Institution / Client:**  
[Institution Name]  
[Department / Facility]  
[Physical Address]

Service Description (Audit Phase)	Facility Area	KWh Monitored	Rate	Amount
Initial Load Analysis	[Block/Wing]	[Value]	[Rate]	[Total]
HVAC Efficiency Audit	[Main Plant]	[Value]	[Rate]	[Total]
Lighting & Auxiliary Systems	[Campus Wide]	[Value]	[Rate]	[Total]
Data Processing & Reporting	N/A	-	[Fee]	[Total]

Subtotal: [Amount]  
Tax ([%]): [Amount]  
**Total Due: [Currency Symbol] [Grand Total]**

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**Payment Terms:**

[Terms - e.g., Net 30] | Bank: [Bank Name] | IBAN: [Account Details]

Certification: This audit was conducted in compliance with [Standard Name/ISO Number].