

INVOICE

[Firm Name]
[Street Address]
[City, State, Zip]
[License Number]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

[Client Name]
[Company Name]
[Client Address]
[Tax ID/EIN]

Service Period:

[Start Date] to [End Date]

Description of Services	Hours/Qty	Rate	Amount
Financial Statement Audit - Phase I			\$0.00
Corporate Tax Preparation (Form 1120)			\$0.00
Compliance Advisory Services			\$0.00

Description of Services	Hours/Qty	Rate	Amount
Reimbursable Expenses			\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total Amount: \$0.00

Payment Instructions:

Please make checks payable to [Firm Name].
Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Terms: Net 30 days. Professional services rendered are subject to the terms of the signed engagement letter.