

PROFORMA INVOICE

Stock Audit Services

Date: [Date]

Proforma #: [Document Number]

SERVICE PROVIDER

[Your Company Name]
[Street Address]
[City, State, Zip]
Email: [Email Address]

CLIENT / BILL TO

[Client Company Name]
[Client Street Address]
[City, State, Zip]
Attn: [Contact Name]

DESCRIPTION OF AUDIT SERVICES	QTY/DAYS	RATE	AMOUNT
Physical Stock Verification & Counting	[0.00]	[0.00]	[0.00]
Inventory Reconciliation & Variance Reporting	[0.00]	[0.00]	[0.00]
Travel & Out-of-Pocket Expenses	[0.00]	[0.00]	[0.00]

Subtotal: [0.00]
Tax ([0] %): [0.00]
Total Due: [0.00]

Payment Terms: [e.g., 50% Advance, 50% upon Report Delivery]

Bank Details: [Bank Name] | **Account:** [Number] | **SWIFT/IBAN:** [Code]

Note: This is a proforma invoice, not a tax invoice. Please process payment based on these terms.