

REGULATORY COUNSEL GROUP

[Street Address]
[City, State, Zip]
[Tax ID / EIN]

INVOICE

Invoice #: _____
Date: _____
Matter #: _____

CLIENT INFORMATION

[Client Name]
[Contact Person]
[Client Address]
[Client Email]

MATTER DESCRIPTION

[Project Name/Compliance Audit Period]
Reference: [Internal Tracking Number]

| DATE | PROFESSIONAL SERVICES / COMPLIANCE ACTIVITY | RATE | HOURS | TOTAL |
|------|--|------|-------|-------|
| | [e.g., GDPR/CCPA Gap Analysis & Reporting] | | | |
| | [e.g., Regulatory Filing & Submission Oversight] | | | |
| | [e.g., Policy Review: AML/KYC Framework] | | | |

Subtotal: \$0.00
Disbursements/Costs: \$0.00
Total Due: \$0.00

Payment Terms: Net [30] days. Please make checks payable to "Regulatory Counsel Group".

Wire Transfer Instructions: Bank: [Name] | Account: [Number] | Routing: [Number] | SWIFT: [Code]