|  |  |  |
| --- | --- | --- |
| (Name) | (Email) | (Phone Number) |
| **Law Firm Internal Audit Quote** |
|  |
| **Prepared For:** |
| (Name) |
| (Date) |
|  |
| **Prepared By:** |
| (Name) |
| (Date) |
|  |
| **Quote Number:** |
| (0000) |
|  |
| **Pricing** |
|  |
| **Description** | **Quantity** | **Price** | - | **Total** |
| Report Preparation | 1 | USD 800 | package | USD 800 |
| Internal Control | 5 | USD 90 | day | USD 450 |
| **Total** | **USD 1,250** |
|  |
| **Terms & Conditions:** |  |
|  |
| • Full payment is required before the provision of services. |
| • This quote is valid for 2 weeks. |
|  |
| ***Thank You For Your Business!*** |