**Contract for Services Rendered**

This is a contract entered into by (hereinafter referred to as "the Provider") and(hereinafter referred to as "the Client") on this date, .

The Provider's place of business is and the Client's place of business is .

The Client hereby engages the Provider to provide services described herein under "Scope and Manner of Services." The Provider hereby agrees to provide the Client with such services in exchange for consideration described herein under "Payment for Services Rendered."

Scope and Manner of Services

Services To Be Rendered By Provider: enumerate here each particular task to be performed and its acceptable result, i. e.,

<1. Audit the Client's business accounting records in accordance with generally accepted accounting principles, and provide to the Client a written audit report conforming to the guidelines of the Institute of Internal Auditors.>

Payment for Services Rendered

The Client shall pay the Provider for services rendered according to the Payment Schedule attached, within calendar days of the date on any invoice for services rendered from the Provider.

Should the Client fail to pay the Provider the full amount specified in any invoice within calendar days of the invoice's date, a late fee equal to <$X> shall be added to the amount due and interest of percent per annum shall accrue from the calendar day following the invoice's date.

Applicable Law

This contract shall be governed by the laws of the County of \_\_\_\_\_\_\_\_ in the State of \_\_\_\_\_\_\_ and any applicable Federal law.

Signatures

In witness of their agreement to the terms above, the parties or their authorized agents hereby affix their signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name of Client or agent) (Printed Name of Provider or agent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Client or agent) (Date) (Signature of Provider or agent) (Date)