

QA MILESTONE INVOICE

Invoice # [0000]
Date [YYYY-MM-DD]

SERVICE PROVIDER [Company/Consultant Name]

[Address Line 1]

[City, State, Zip]

[Email/Contact]

BILL TO [Client Name/Company]

[Address Line 1]

[City, State, Zip]

[Project Reference]

| MILESTONE DESCRIPTION | DELIVERABLES | STATUS | AMOUNT |
|---|--|-------------|-------------------|
| [Milestone Name] [e.g. Phase 1: Test Plan & Strategy] | [List major artifacts] [e.g. Test Cases, Environment Setup] | [COMPLETED] | [0.00] |
| [Milestone Name] [e.g. Phase 2: Functional Testing] | [e.g. Bug Reports, Sign-off] | [COMPLETED] | [0.00] |
| TOTAL DUE | | | [\$[0.00]] |

PAYMENT INSTRUCTIONS

[Bank Name] / [Account Number] / [SWIFT/Routing]
Please include invoice number in payment reference.