INTERIM INVOICE

[Architecture Firm Name]
[Address Line 1]
[Email / Phone]

INVOICE NO: [0000]
DATE: [DD/MM/YYYY]
BILLING PERIOD: [Date] - [Date]

CLIENT

[Client Name]
[Company Name]
[Client Address]

PROJECT

[Project Reference Name/No]
[Project Site Address]

DESCRIPTION OF SERVICES / PHASE	CONTRACT VALUE	% COMPLETE	AMOUNT
[e.g., Schematic Design Phase]	0.00	0%	0.00
[e.g., Design Development Phase]	0.00	0%	0.00
[e.g., Reimbursable Expenses]	-	-	0.00

Subtotal: 0.00
Tax ([0]%): 0.00
Less Previous Payments: (0.00)
Total Due: [Currency] 0.00

PAYMENT TERMS

Please remit payment within [X] days.
Bank: [Bank Name] | Account: [Number] | Sort Code / IBAN: [Code]