INTERIM PROGRESS INVOICE

[Consultant Name/Firm]
[License Number, if applicable]

Invoice No: _____
Date: _____
Period Ending: _____

Client:
[Client Name]
[Company Name]
[Address]
[City, State, Zip]
Project Reference:
Project Name: [Project Title]
Project ID: [Code/Number]
Contract Date: [Date]

Description of Services / Phase	Contract Amount	% Complete	Total Earned	Previous Billing	Current Amount
[Phase 1 Description]	$0.00	0%	$0.00	$0.00	$0.00
[Phase 2 Description]	$0.00	0%	$0.00	$0.00	$0.00
Reimbursable Expenses	-	-	-	$0.00	$0.00

Subtotal: $0.00
Less Retainage (___%): ($0.00)
Tax: $0.00

Total Amount Due: $0.00

Payment Terms: Net [Number] Days. Please make checks payable to [Consultant Name].

Certification: I hereby certify that the work described above has been performed in accordance with the contract terms.

____
Authorized Signature