

FROM [Consultant Name/Firm]
[Street Address]
[City, State, Zip]
[Email/Phone]

INTERIM PAYMENT INVOICE

No: [Invoice-000]
Date: [Date]

CLIENT [Client Name]
[Client Address]
[Project Reference/ID]
PROJECT DESCRIPTION [Project Name]
[Project Phase: e.g., Schematic Design / Construction Admin]

Description of Services	% Complete	Total Fee	Amount
[Service Item 1]	[0]%	\$0.00	\$0.00
[Service Item 2]	[0]%	\$0.00	\$0.00
Reimbursable Expenses	-	-	\$0.00

Subtotal: \$0.00
Less Previous Payments: (\$0.00)
Tax ([0] %): \$0.00

Amount Due: \$0.00

PAYMENT TERMS

Please remit payment within [30] days of invoice date.

Bank: [Bank Name] | Account: [Number] | Sort Code: [Code]