

INTERIM INVOICE

Site Supervision Services

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

CLIENT

[Client Name]
[Project Name/Reference]
[Site Address]

INVOICE DETAILS

Invoice #: [000]
Date: [DD/MM/YYYY]
Billing Period: [Start Date] - [End Date]

SERVICE BREAKDOWN

DESCRIPTION OF SUPERVISION WORK	UNITS/HRS	RATE	AMOUNT
Scheduled Site Inspections & Compliance Checks	-	-	0.00
Contract Administration & RFI Processing	-	-	0.00
Material Approval & Quality Control Reviews	-	-	0.00
Reimbursable Expenses (Travel/Printing)	-	-	0.00

Subtotal: 0.00
Tax ([%]): 0.00
TOTAL DUE: [Currency] 0.00

PROJECT STATUS SUMMARY

Total Contract Value: [0.00]

Previously Invoiced: [0.00]

Remaining Balance: [0.00]

Payment Terms: [Net 30 Days] | **Bank:** [Name] | **Account:** [Number] | **Swift/IBAN:** [Code]

Authorized Signature: _____ Date: _____