

INTERIM BILLING

[Architecture Firm Name]

[License Number]

INVOICE NUMBER

[00000]

DATE

[MM/DD/YYYY]

CLIENT

[Client Name]

[Company Name]

[Address Line 1]

[City, State, Zip]

PROJECT DETAILS

Project: [Project Name / Phase]

Project No: [PRJ-000]

Billing Period: [Start Date] - [End Date]

PHASE / SERVICE DESCRIPTION	CONTRACT AMOUNT	% COMPLETE	PREVIOUSLY BILLED	CURRENT PERIOD
Schematic Design	\$0.00	0%	\$0.00	\$0.00
Design Development	\$0.00	0%	\$0.00	\$0.00
Construction Documents	\$0.00	0%	\$0.00	\$0.00
Bidding / Negotiation	\$0.00	0%	\$0.00	\$0.00
Reimbursable Expenses	-	-	\$0.00	\$0.00
Subtotal				\$0.00

Tax (if applicable)

\$0.00

Amount Due

\$0.00

PAYMENT TERMS

Net [30] days. Please make checks payable to [Architecture Firm Name].

[Bank Name] | [Routing Number] | [Account Number]