

# INTERIM BILLING

[Architectural Firm Name]

[Street Address]

[City, State, Zip]

**Invoice #:** [0000]

**Date:** [Date]

**Project ID:** [Project #]

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## CLIENT

[Client Name]

[Company Name]

[Billing Address]

## PROJECT

[Project Name]

[Project Location/Phase]

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

PHASE / DESCRIPTION	FEE %	CONTRACT AMOUNT	% COMPLETE	TOTAL EARNED
Schematic Design	15%	\$0.00	[0]%	\$0.00
Design Development	20%	\$0.00	[0]%	\$0.00
Construction Documents	40%	\$0.00	[0]%	\$0.00
Bidding & Negotiation	5%	\$0.00	[0]%	\$0.00
Construction Administration	20%	\$0.00	[0]%	\$0.00
Reimbursable Expenses	-	-	-	\$0.00

Total Earned to Date: \$0.00  
Less Previous Billings: (\$0.00)  
Current Amount Due: \$0.00

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**Notes:** [Insert payment terms or wire transfer instructions here]

Please make checks payable to: [Firm Name]