

INVOICE

[Engineering Firm Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT Number]

Invoice No: _____
Date: _____
Project ID: _____

Client:
[Client Name]
[Client Address]
[Contact Person]
Project Name:
[Full Project Title]
Contract Ref:
[PO Number / Agreement Date]

MILESTONE BILLING SUMMARY

Milestone / Phase Description	Completion Date	Contract %	Amount
[e.g., Preliminary Design Review (PDR)]	[Date]	__%	\$0.00
[e.g., Critical Design Review (CDR)]	[Date]	__%	\$0.00
[e.g., Prototype Verification]	[Date]	__%	\$0.00

REIMBURSABLE EXPENSES

Description	Quantity/Units	Rate	Amount
[e.g., Lab Testing Fees / Travel]	-	-	\$0.00

Subtotal: \$0.00
Tax/VAT: \$0.00
Retainage (___%): (\$0.00)
Total Due: \$0.00

PAYMENT TERMS

Please remit payment within [30] days of invoice date.
Wire/ACH Details: [Bank Name] | **Account:** [Number] | **Routing:** [Number]

Authorized Signature: _____ Date: _____

Thank you for your business. For billing inquiries, contact [Email/Phone].