

[Company Name]

[Address Line 1]
[City, State, Zip]
[Phone/Email]

INTERIM BILL

INVOICE #: _____
DATE: _____

Client:

[Client Name]
[Client Address]
[Contact Person]

Project Details:

Project Name: [Project Title]
Location: [Site Address]
Project ID: [Ref No.]

Description of Survey Works	Unit	Qty	Rate	Amount
Mobilization & Demobilization	LS			
Borehole Drilling (Depth: ___m)	m			
Standard Penetration Testing (SPT)	No.			

Description of Survey Works	Unit	Qty	Rate	Amount
Undisturbed Soil Sampling	No.			
Laboratory Testing (Interim)	LS			
Field Supervision & Logging	Day			
Subtotal: \$ _____ Tax (___%): \$ _____ Less Previous Payments: (\$ _____)				

Amount Due: \$ _____

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

Note: This is an interim bill based on works completed to date. Final adjustment will be made in the final invoice.