

INTERIM SUPPORT INVOICE

[Contractor Name]
[Address Line 1]
[Email/Phone]

Invoice #: [000]
Date: [Date]
Period: [Start] - [End]

BILL TO:

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

PROJECT/CONTRACT:

[Contract Reference Number]
[Project Name/Phase]

Description of Services	Units/Hours	Rate	Amount
Interim support services for [Task Name]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Additional Service Item]	[0.00]	[\$[0.00]]	[\$[0.00]]
Reimbursable Expenses (Attached)	-	-	[\$[0.00]]

Subtotal: \$[0.00]
Tax/VAT: \$[0.00]
Total Due: \$[0.00]

Payment Instructions:

Bank: [Bank Name] | Account: [Number] | Wire/Swift: [Code]

Due Date: [Date]

Notes: Thank you for your continued partnership during this interim period.