

QUALIFIED INTERIM PROFESSIONAL

INVOICE

[Professional Name/Firm]
[Address Line 1]
[Address Line 2]
[Email / Phone]

Invoice Number: [0000]

Date: [Date]

Assignment Period: [Start Date - End Date]

CLIENT:

[Client Company Name]
[Department / Attn]
[Address Line 1]
[Address Line 2]

DESCRIPTION OF SERVICES / INTERIM ROLE	RATE TYPE	QUANTITY	UNIT PRICE	AMOUNT
[Service Description - e.g., Interim Management]	[Daily/Hourly]	[0.00]	[0.00]	[0.00]
[Reimbursable Expenses]	-	-	-	[0.00]
Subtotal: [0.00]				
Tax/VAT: [0.00]				

TOTAL DUE: [0.00]

PAYMENT TERMS & BANKING

Payment Terms: [e.g., Net 15]

Bank: [Name] | Account No: [Number] | Sort Code/IBAN: [Code]

Please include Invoice Number as payment reference.