INTERIM INVOICE

[Provider Name/Firm]
[Address Line 1]
[City, State, Zip]

INVOICE NUMBER
[INV-000]

DATE ISSUED
[Month DD, YYYY]

BILL TO
[Client Name]
[Client Company]
[Address]

BILLING PERIOD
[Start Date] - [End Date]

PAYMENT TERMS
Due on Receipt

Description of Services	Hours/Qty	Rate	Amount
Monthly Retainer Fee Service period interim payment for professional services	1.0	[0.00]	[0.00]
Additional Billable Hours Services exceeding retainer agreement cap	[0.0]	[0.00]	[0.00]

Subtotal $[0.00]
Tax (0%) $[0.00]
Total Due $[0.00]

PAYMENT NOTES

Please include invoice number with your payment. Direct deposit info: [Bank Name] | Account: [Number] | Routing: [Number]