SERVICE PROGRESS INVOICE

Invoice #: _____
Date: _____

[Company Name]
[Street Address]
[City, State, Zip]

BILL TO [Client Name]
[Client Address]
[Project Name/ID]
BILLING PERIOD Start Date: _____
End Date: _____

Service Description	Total Contract	% Complete	Previous Total	Current Amount

Subtotal: $0.00
Tax: $0.00
Amount Due: $0.00

NOTES & PAYMENT INSTRUCTIONS

Please remit payment within [X] days. Check payable to [Company Name].