[CONSULTANT NAME/AGENCY]
[Address Line 1]
[Email / Phone]

INVOICE

INTERIM BILLING

Bill To:
[Client Name]
[Client Address]
[Contact Email]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]
Project: [Project Name]

Description of Services	Hours/Qty	Rate	Amount
Phase 1: Market Research & Competitive Analysis	0.00	$0.00	$0.00
Interim Strategy Development (Milestone 2)	0.00	$0.00	$0.00
Campaign Creative Assets - Draft Set	0.00	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Amount Due: $0.00

Payment Instructions:
Please include invoice number with your payment via [Bank Transfer/Check/Portal].
Remaining project balance will be billed upon completion of [Final Milestone].