**INTERIM BILLING INVOICE**

**Invoice #:** [0000]
**Date:** [Date]

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## CONSULTANT / FIRM

[Consultant Name/Company]
[Street Address]
[City, State, Zip]
[Email/Phone]

## CLIENT / BILL TO

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

## ENGAGEMENT DETAILS

**Project:** [Project Name/Reference]
**Billing Period:** [Start Date] - [End Date]

## PAYMENT TERMS

**Due Date:** [Date]
**Status:** Interim Progress Billing

| Description of Services / Milestones | Hours/Qty | Rate | Amount |
|---|---|---|---|
| [Service/Milestone Description] | [0.00] | $[0.00] | $[0.00] |
| [Service/Milestone Description] | [0.00] | $[0.00] | $[0.00] |
| | | **Subtotal** | $[0.00] |

Interim Subtotal: $[0.00]
Expenses / Other: $[0.00]
Total Amount Due: $[0.00]

**NOTES**

Please make all checks payable to [Consultant/Firm Name].
For wire transfers, please use Reference: Invoice #[0000].

Thank you for your continued partnership.