AGENCY NAME

Street Address
City, State, Zip
email@agency.com

INTERIM INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

Client Name / Company
Contact Person
Street Address
City, State, Zip

PROJECT REFERENCE

Project: Project Title Name
Phase: Phase Description (e.g., Discovery/Design)
PO #: _____

Milestone / Deliverable Description	Rate	Qty	Amount
Phase Deliverable 01 Brief description of completed work for this interim period.	0.00	1	0.00
Phase Deliverable 02 Brief description of completed work for this interim period.	0.00	1	0.00

Subtotal 0.00
Tax (%) 0.00

Total Due 0.00 USD

Payment Terms: Net 30. Please make checks payable to Agency Name or use the wire transfer details below.

Bank: Name | Account: XXXXXXXX | Routing: XXXXXXXX