INTERIM INVOICE

Invoice #: [0000]

Date: [Date]

[Event Coordination Company Name]
[Address Line 1]
[Email/Phone]

BILL TO:
[Client Name]
[Organization]
[Address]
EVENT DETAILS:
Project: [Event Name]
Phase: [e.g., Planning & Venue Sourcing]
Event Date: [Date]

Description of Services / Phase Milestones	Qty/Hrs	Rate	Amount
[Service Description 1]	[0]	[0.00]	[0.00]
[Service Description 2]	[0]	[0.00]	[0.00]
[Reimbursable Expenses/Deposits Paid]	[1]	[0.00]	[0.00]

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Payment Terms: [Net 15/30]
Notes: This is an interim bill for the current phase of project coordination. Remaining project balance to be invoiced upon completion of next phase.