INTERIM INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]

FROM

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

BILL TO

[Client Company Name]
[Contact Name]
[Project Reference/PO Number]

STRATEGIC PLANNING PROJECT STATUS

Milestone Description	% Complete	Rate/Fixed	Amount
[Current Milestone Name] [Brief description of deliverables met during this period]	[00]%	[0.00]	[0.00]
Additional Expenses [Travel, research materials, or data access fees]	-	-	[0.00]

Subtotal: $[0.00]
Tax/VAT ([0]%): $[0.00]

Total Amount Due: $[0.00]

PAYMENT INSTRUCTIONS

Please remit payment within [Number] days of invoice date.
Bank: [Name] | Account: [Number] | Routing: [Number]