

# INTERIM BILLING

[CPA Firm Name]  
[Address Line 1]  
[Address Line 2]  
[License Number]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Period Ending:** \_\_\_\_\_

**Client:**

[Client Name]  
[Company Name]  
[Address Line 1]  
[Address Line 2]

**Engagement Reference:**

[Engagement Type - e.g., Audit, Tax Prep]  
[Project Code]

Description of Professional Services	Staff Level	Hours	Rate	Amount
Work in Progress: [Description]	[Level]	0.00	\$0.00	\$0.00
Work in Progress: [Description]	[Level]	0.00	\$0.00	\$0.00
Administrative/Out-of-pocket Expenses	-	-	-	\$0.00

Subtotal: \$0.00  
Less: Retainer: (\$0.00)  
Total Due: \$0.00

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**Notes:** This is an interim bill for professional services rendered through the period indicated above. Final adjustments will be made upon completion of the engagement.

**Payment Terms:** Due upon receipt. Please make checks payable to "[CPA Firm Name]".