

INTERIM FEE INVOICE

[Accounting Firm Name]

[Street Address]

[City, State, Zip]

Invoice #: [00000]

Date: [MM/DD/YYYY]

Project Reference: [Project Name]

BILL TO:

[Client Company Name]

[Attention: Name/Department]

[Street Address]

[City, State, Zip]

BILLING PERIOD:

[Start Date] to [End Date]

PAYMENT TERMS:

Due on Receipt / [Net 30]

Description of Professional Services	Hours	Rate	Amount
[Service Name - e.g., Audit Fieldwork]	[00.0]	\$0.00	\$0.00
[Service Name - e.g., Tax Compliance]	[00.0]	\$0.00	\$0.00

Subtotal: \$0.00

Tax/VAT: \$0.00

Total Due: \$0.00

PAYMENT INSTRUCTIONS

Bank Name: [Name] | Account #: [00000000] | Routing #: [00000000]

Please include invoice number with your payment. For any inquiries regarding this interim fee, please contact [Accountant Name] at [Email/Phone].