

INTERIM INVOICE

[Firm Name]
[Street Address]
[City, State, Zip]

Invoice #: _____

Date: _____

Period: _____

Bill To:

[Client Name]
[Company Name]
[Address]

Project Reference:

[Account Reference / Contract ID]

Description of Services	Hours/Qty	Rate	Amount
Monthly Accounting Retainer Fee	-	-	\$ 0.00
Interim Adjustments / Out-of-Scope Work	-	-	\$ 0.00
Disbursements & Expenses	-	-	\$ 0.00

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Payment Instructions:

Bank Name: _____

Account #: _____

Routing #: _____

Terms: Payment due within [X] days. Please contact [Contact Name] for billing inquiries.