

INVOICE

[Your Accounting Firm Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Service Period: [Start Date] - [End Date]

BILL TO

[Client Contact Name]
[Client Company Name]
[Client Street Address]
[Client City, State, Zip]

PROJECT DETAILS

Project: Interim Financial Support
Accounting System: [Software Name]
Status: Interim Progress Billing

Description of Services	Hours / Qty	Rate	Amount
General Ledger Maintenance & Reconciliations	0.00	\$0.00	\$0.00
Accounts Payable / Receivable Management	0.00	\$0.00	\$0.00
Interim Financial Statement Preparation	0.00	\$0.00	\$0.00
Payroll Processing & Compliance Support	0.00	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00
Balance Due: \$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Your Accounting Firm Name]**.
For ACH/Wire Transfer: Bank: [Bank Name] | Account: [Number] | Routing: [Number]
Terms: Payment due within [X] days of invoice date.