

INTERIM EXPENSE INVOICE

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

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

Client:

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

Project/Matter:

[Engagement Reference]
[Account Number]

DATE	DESCRIPTION OF EXPENSE	CATEGORY	AMOUNT
[Date]	[Description of professional disbursement]	[Category]	0.00
[Date]	[Description of professional disbursement]	[Category]	0.00
[Date]	[Description of professional disbursement]	[Category]	0.00

Subtotal: \$0.00
Tax ([0] %): \$0.00
Total Amount Due: \$0.00

Payment Terms: Due within [X] days. Please make checks payable to [Firm Name].

Note: This is an interim invoice for out-of-pocket expenses and disbursements only. Professional service fees are billed separately.