

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

## INTERIM INVOICE

Invoice #: [0000]  
Date: [Date]  
Due Date: [Date]

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**BILL TO:**

[Client Company Name]  
[Contact Name]  
[Address]

**PROJECT:**

[Project Name/Engagement Name]  
Milestone: [e.g., Q3 Reconciliation]

Description of Milestone / Service	Completion %	Rate	Amount
[Task 1: e.g., General Ledger Audit]	[100%]	[\$[0.00]]	[\$[0.00]]
[Task 2: e.g., Statutory Reporting Draft]	[50%]	[\$[0.00]]	[\$[0.00]]
[Task 3: e.g., Tax Provisioning]	[00%]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax ([0] %): \$[0.00]

**Total Amount Due: \$[0.00]**

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**Payment Terms:** [e.g., Net 15]

**Wire/ACH Details:** [Bank Name] | [Account Number] | [Routing Number]

*Thank you for your business. For any queries regarding this interim invoice, please contact [Email Address].*