[BUSINESS NAME]

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

INVOICE

Invoice #: _____
Date: _____

BILL TO

[Client Name]
[Client Address]
[Contact Email]

PROJECT DETAILS

Project: [Project Name/ID]
Billing Phase: [e.g., Milestone 1 of 4]
PO Number: _____

Description of Work / Deliverable	Quantity/Hrs	Unit Price	Total
[Incremental Task Description]	0.00	$0.00	$0.00
[Incremental Task Description]	0.00	$0.00	$0.00
Previous Billings Applied: $0.00			

Subtotal: $0.00
Tax: $0.00

Current Amount Due: $0.00

PAYMENT INSTRUCTIONS

Please remit payment within [X] days via [Check/Bank Transfer/Online].
Make all checks payable to: **[Business Name]**