[Firm Name]

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

PARTIAL PAYMENT REQUEST

Invoice #: [000]
Date: [Date]

Bill To:

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

Project Reference:

[Project Name/ID]
PO #: [Number]

Description of Work/Milestone	Total Value
[Description of completed phase or milestone]	$0.00
[Description of additional services]	$0.00

Total Contract Amount: $0.00
Previous Payments: ($0.00)
Remaining Balance: $0.00
Amount Due Now: $0.00

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

Notes: Please include the invoice number with your payment. Thank you for your business.