INTERIM INVOICE

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

Invoice #: _____
Date: _____
Project ID: _____

Bill To:

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

Billing Period:

From: _____
To: _____

Description of Services/Milestone	Estimated Total	% Complete	Amount
[Phase 1 / Deliverable Name]	$0.00	0%	$0.00
[Phase 2 / Deliverable Name]	$0.00	0%	$0.00
[Additional Materials/Expenses]	$0.00	-	$0.00

Subtotal: $0.00
Less Previous Payments: ($0.00)
Current Amount Due: $0.00

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

Notes: This is an interim billing based on progress to date. Final reconciliation will occur upon project completion.