[BUSINESS NAME]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

INTERIM INVOICE

Invoice #: [000]
Date: [Date]
Project: [Project Name]

BILL TO

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

BILLING PERIOD

[Start Date] to [End Date]
Terms: [e.g., Net 15]

Description of Services / Milestone	Hours/Qty	Rate	Amount
[Consulting Phase/Deliverable Name]	0.00	$0.00	$0.00
[Additional Services/Expense Reimbursement]	0.00	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Less Previous Payments: ($0.00)
Current Balance: $0.00

Notes: This is an interim billing statement for ongoing consulting services. Please make checks payable to "[Business Name]" or pay via [Payment Link/Method].