MARKETING CO.

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

INTERIM INVOICE

Invoice #: _____
Date: _____
Project Phase: _____

BILL TO

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

PROJECT SUMMARY

Project Name: _____
Total Contract: $_____
Billing Period: _____

Description of Marketing Services / Deliverables	Completion %	Amount
[Phase Name/Campaign Detail]	_____%	$0.00
[Phase Name/Campaign Detail]	_____%	$0.00
[Phase Name/Campaign Detail]	_____%	$0.00

Subtotal: $0.00
Tax (___%): $0.00
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 current project milestones. Remaining balance will be invoiced upon subsequent phases or completion.