INTERIM INVOICE

QA PHASE: [PHASE NAME/NUMBER]

INVOICE NUMBER
[INV-0000]

DATE
[Date]

FROM
[Provider Name]
[Address Line 1]
[City, State, Zip]
[Contact Email]

BILL TO
[Client Name]
[Project Name]
[Address Line 1]
[City, State, Zip]

Description of QA Services	Units/Hrs	Rate	Total
Manual Regression Testing - Phase [X]	0.00	$0.00	$0.00
Automated Script Development & Execution	0.00	$0.00	$0.00
Bug Tracking & Verification Cycles	0.00	$0.00	$0.00
Security/Performance Assessment (Interim)	0.00	$0.00	$0.00

Subtotal $0.00
Tax (0%) $0.00
Amount Due $0.00

NOTES

Interim billing for Quality Assurance milestones reached as of [Date]. Final QA Sign-off pending remaining test cycles.