INVOICE

[Firm Name]
[Address Line 1]
[City, State, Zip]

INVOICE #: [0000]
DATE: [MM/DD/YYYY]
PROJECT ID: [Project Number]

BILL TO:

[Client Name]
[Client Address]
[City, State, Zip]

PROJECT:

[Project Name/Title]
[Project Location]

Milestone Description (CA Phase)	Contract Value	% Complete	Previous Billing	Current Amount
Submittal Review & Processing	$0.00	0%	$0.00	$0.00
Site Observations & Reports	$0.00	0%	$0.00	$0.00
RFI Responses	$0.00	0%	$0.00	$0.00
Change Order Administration	$0.00	0%	$0.00	$0.00
Punch List & Closeout	$0.00	0%	$0.00	$0.00

Subtotal: $0.00
Reimbursable Expenses: $0.00
TOTAL DUE: $0.00

PAYMENT TERMS: Net 30 Days

NOTES: Please include Project ID on all payments.