MILESTONE INVOICE

Structural Coordination Services

[Company Name]
[Street Address]
[City, State, Zip]

BILL TO:

[Client Name]
[Client Address]
[Project Reference/ID]

INVOICE DETAILS:

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

Milestone Description	Completion Date	Percentage	Amount
Initial Structural Schematic Coordination	[Date]	[00]%	$0.00
Design Development Structural Review	[Date]	[00]%	$0.00
Final Construction Documentation Sync	[Date]	[00]%	$0.00

Subtotal: $0.00

Tax: $0.00

Total Amount Due: $0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to [Company Name].
Wire Transfer: [Routing/Account Details]