INVOICE

Project: Legacy System Migration

Invoice #: [0000]

Date: [YYYY-MM-DD]

Due Date: [YYYY-MM-DD]

SERVICE PROVIDER

[Name/Company]
[Street Address]
[City, State, Zip]
[Email/Phone]

CLIENT

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

Milestone Description	Phase	Amount
[e.g., Data Extraction & Clean-up Completion]	Data Migration	$0.00
[e.g., API Integration & Schema Mapping]	System Development	$0.00
[e.g., User Acceptance Testing (UAT) Sign-off]	Quality Assurance	$0.00

Subtotal: $0.00
Tax (0%): $0.00

Total Amount Due: $0.00

Payment Terms: Net 30 days. Please include invoice number with your payment.

Bank Details: [Bank Name] | **Account:** [Number] | **Routing:** [Number]