INVOICE

QA Milestone Delivery

INVOICE NUMBER

[INV-000]

DATE

[Month DD, YYYY]

FROM / QA PROVIDER

[Your Name/Agency Name]
[Street Address]
[City, State, Zip]
[Email/Contact]

BILL TO / CLIENT

[Client Company Name]
[Contact Name]
[Project Name/ID]
[Client Address]

QA Milestone / Deliverable	Status	Rate/Fixed	Amount
[Milestone Name] [e.g., Integration Testing Phase Complete]	COMPLETED	$0.00	$0.00
[Deliverable Name] [e.g., Final Test Summary Report (TSR)]	DELIVERED	$0.00	$0.00

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

PAYMENT INSTRUCTIONS

Bank: [Bank Name]

Account Name: [Name]

Account/IBAN: [Number]

Due Date: [Date]