



INVOICE

PROVIDER DETAILS

INVOICE NO: _____

DATE: _____

DUE DATE: _____

BILL TO

Project Name: _____

Total Contract Value: _____

PHASE	DESCRIPTION / DELIVERABLE	PHASE BUDGET	PREV. BILLED	% COMPLETE	AMOUNT DUE

Subtotal: _____

Tax/VAT: _____

Total Due: _____

PAYMENT TERMS & INSTRUCTIONS

