

INVOICE

Invoice No:
Date:
Due Date:
PO Reference:

SERVICE PROVIDER

BILL TO

Project
Name:

Project ID:

Total Est.
Contract:

Billing
Phase:

STEP / PHASE	DESCRIPTION / MILESTONE	TOTAL PHASE VALUE	% PREVIOUS	% THIS PERIOD	AMOUNT BILLED	REMAINING BALANCE

Subtotal This Period: _____

Tax Rate / Tax Amt: _____

Retainage Amount:

Total Due This Invoice: _____

PAYMENT TERMS & INSTRUCTIONS

PROJECT SIGN-OFF

Client Representative

Date