



MILESTONE INVOICE

Invoice No:

Date:

Due Date:

BILL TO

Client Name:

Company:

Address:

Phone/Email:

CONTRACTOR / PROVIDER

Name:

Company:

Address:

Phone/Email:

PROJECT IDENTIFICATION DETAILS

Project Name:

Project Location:

Contract No:

Phase/Stage:

NO.	MILESTONE / WORK SCOPE DESCRIPTION COMPLETED	% COMPLETED	CONTRACT VALUE	AMOUNT CLAIMED

NO.	MILESTONE / WORK SCOPE DESCRIPTION COMPLETED	% COMPLETED	CONTRACT VALUE	AMOUNT CLAIMED

Subtotal: _____
Retainage (%): _____
Tax / VAT: _____
Total Due: _____

PAYMENT TERMS & BANK DETAILS

Bank Name: _____

Account Number: _____

Routing/BIC Code: _____

CONTRACTOR AUTHORIZED SIGNATURE
Date: _____

CLIENT APPROVAL SIGNATURE
Date: _____