

# MILESTONE INVOICE

Human Resources Consulting Services

Invoice No: \_\_\_\_\_

Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

## HR SERVICE PROVIDER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CLIENT / RECIPIENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PROJECT INFORMATION

Project Name: \_\_\_\_\_

Agreement Date: \_\_\_\_\_

NO.	MILESTONE DESCRIPTION	COMPLETION DATE	AMOUNT
1			
2			
3			
4			

Subtotal: \_\_\_\_\_

Tax / VAT: \_\_\_\_\_

**Total Due:** \_\_\_\_\_

## Payment Instructions & Terms

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

IBAN / Account No: \_\_\_\_\_

SWIFT / BIC: \_\_\_\_\_

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Authorized Signature (Provider)

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Client Approval Signature