

INTERIM INVOICE

Invoice No: _____ Date: _____

_____ Project Name: _____

_____ Contract No: _____

CONTRACTOR / PROVIDER

CLIENT / BILL TO

NO.	MILESTONE DESCRIPTION	COMPLETION %	MILESTONE VALUE	AMOUNT DUE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal: _____

Tax/VAT: _____

Retainage / Deduction: _____

Total Amount Due: _____

Payment Terms & Instructions

Bank Name: _____ **Account No:** _____

Routing/IBAN: _____

Contractor Signature / Date

Client Approval Signature / Date