



INVOICE

Invoice No:

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Date:

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Due Date:

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BILL TO

Client Name:

Company:

Address:

Email/Phone:

PROJECT DETAILS

Project Name:

Contract Ref:

Contact Person:

PO Number:

CONTRACT FINANCIAL SUMMARY

| Total Contract Value | Previously Billed | Current Invoice Amount | Remaining Balance |
|----------------------|-------------------|------------------------|-------------------|
| | | | |

SEGMENTED BILLING SCHEDULE

| STAGE | MILESTONE / PHASE DESCRIPTION | VAL. (%) | STAGE AMOUNT | BILLING STATUS |
|-------|-------------------------------|----------|--------------|----------------|
|-------|-------------------------------|----------|--------------|----------------|

| STAGE | MILESTONE / PHASE DESCRIPTION | VAL. (%) | STAGE AMOUNT | BILLING STATUS |
|-------|-------------------------------|----------|--------------|----------------|
|-------|-------------------------------|----------|--------------|----------------|

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PAYMENT INSTRUCTIONS & TERMS

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Current Stage
Subtotal:

Tax / VAT:

**Total Due This
Invoice:**

Thank you for your business.