MILESTONE INVOICE

Invoice No:

Date:

BILL TO Payment Terms:

Client Name:

Company:

Address:

Email/Phone:

PROJECT INFORMATION

Project Name:

Project ID/No:

Contract Date:

PO Number:

TOTAL CONTRACT VALUE

TOTAL BILLED TO DATE

REMAINING BALANCE

% COMPLETE (CUMULATIVE)

NO.	MILESTONE DESCRIPTION	CONTRACT VALUE	% COMPLETED	CUMULATIVE BILLED	AMOUNT DUE THIS PERIOD
1					

NO.	MILESTONE DESCRIPTION	CONTRACT VALUE	% COMPLETED	CUMULATIVE BILLED	AMOUNT DUE THIS PERIOD
2					
3					
4					
5					

Total Current Work Due:

Less: Retention / Holdback (%):

Tax / VAT:

Total Amount Due:

Payment Terms & Instructions

PREPARED BY (AUTHORIZED REPRESENTATIVE)

APPROVED BY (CLIENT SIGN-OFF)