

SCHEDULED INVOICE

Invoice No: _____

Invoice Date: _____

Due Date: _____

SERVICE PROVIDER

BILLING RECIPIENT

BILLING SCHEDULE PARAMETERS

Schedule ID: _____

Current Billing Period: _____

Frequency: _____

Schedule Start Date: _____

Contract Reference: _____

Schedule End Date: _____

SERVICE DESCRIPTION / SCHEDULED ITEM	BILLING CYCLE	QTY	UNIT RATE	AMOUNT
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Subtotal: _____
Tax Rate / Tax: _____
Total Due: _____

SCHEDULE CALENDAR MILESTONE TRACKER

SEQUENCE	SCHEDULED DATE	BILLING PERIOD COVERAGE	ESTIMATED AMOUNT
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PAYMENT TERMS & CONDITIONS

