INVOICE

[FIRM NAME]
[ADDRESS LINE 1]
[CITY, STATE, ZIP]
[EMAIL / PHONE]

INVOICE #: [0000]
DATE: [DATE]
PROJECT ID: [PROJECT NUMBER]

CLIENT:
[Client Name]
[Client Address]
[City, State, Zip]
PROJECT:
[Project Name/Phase]
[Site Address]

DESCRIPTION OF SERVICES / DRAFTING PHASE	HOURS/QTY	RATE	AMOUNT
Schematic Design & Floor Plan Drafting	0.00	$0.00	$0.00
Construction Documentation / Detail Drawings	0.00	$0.00	$0.00
Revisions & Client Consultations	0.00	$0.00	$0.00
Reimbursable Expenses (Printing/Plots)	1	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
TOTAL DUE: $0.00

Payment Terms: Net [30] Days. Please make checks payable to [Firm Name].
Notes: All architectural drawings remain the intellectual property of the drafter until full payment is received.