

# INVOICE

[Firm Name]  
[Street Address]  
[City, State, Zip]  
[Email / Phone]

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## CLIENT

[Client Name]  
[Project Name/Site Address]  
[Client Contact Info]

## DETAILS

Invoice #: [0000]  
Date Issued: [Date]  
Due Date: [Date]

SERVICE DESCRIPTION / PROJECT PHASE	RATE/BASIS	QTY/HRS	AMOUNT
Schematic Design / Site Measurements	\$		\$ 0.00
Design Development & Drafting	\$		\$ 0.00
Construction Documentation (BIM/CAD)	\$		\$ 0.00
Revisions & Consultations	\$		\$ 0.00
Subtotal: \$ 0.00			
Tax/Reimbursables: \$ 0.00			
Total Due: \$ 0.00			

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## PAYMENT INSTRUCTIONS

Please include invoice number with payment. Checks payable to [Firm Name]. Wire/ACH details available upon request.

*Terms: Net [Number] days. Late payments may incur a [Percentage]% monthly fee.*