

[FIRM NAME]

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

INVOICE

Invoice #: [000]
Date: [MM/DD/YYYY]

CLIENT

[Client Name]
[Company Name]
[Client Address]

PROJECT

[Project Name]
Project ID: [PRJ-001]
Phase: [e.g., Schematic Design]

DESCRIPTION OF SERVICES / PHASE	HOURS / %	RATE	AMOUNT
[Professional Service Description]	[0.00]	\$0.00	\$0.00
[Consultant Fees / Reimbursables]	-	-	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total Due: \$0.00

Notes: Please include Project ID on all payments. Payment is due within 30 days.

Thank you for your business.