

INVOICE

[Firm Name]
[Address Line 1]
[City, State, Zip]

INVOICE # [0000]
DATE [Month DD, YYYY]
PROJECT ID [PRJ-00]

CLIENT / BILL TO **[Client Name]**
[Company Name]
[Address Line 1]
[City, State, Zip]
PROJECT DESCRIPTION **[Project Name]**
[Site Address]
[Phase: Construction Administration / Design Development]

| DESCRIPTION OF SERVICES | HOURS / QTY | RATE | AMOUNT |
|---------------------------------------|-------------|--------|--------|
| Project Management & Coordination | 0.00 | \$0.00 | \$0.00 |
| Site Inspections & Reporting | 0.00 | \$0.00 | \$0.00 |
| Contractor Liaison & RFP Review | 0.00 | \$0.00 | \$0.00 |
| Reimbursable Expenses (Prints/Travel) | 1.00 | \$0.00 | \$0.00 |

Subtotal \$0.00
Tax (0%) \$0.00
Total \$0.00

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to **[Firm Name]**. Wire transfer details available upon request. Payment is due within 30 days of invoice date.