

# INVOICE

Architectural Site Analysis Services

**Invoice #:** [000]

**Date:** [Date]

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FROM

**[Architect/Firm Name]**

[Address Line 1]

[City, State, Zip]

[Email/Phone]

BILL TO

**[Client Name/Company]**

[Project Address]

[City, State, Zip]

[Contact Person]

SERVICE DESCRIPTION	QTY/HRS	RATE	AMOUNT
<b>Topographical &amp; Site Survey Analysis</b> Verification of boundaries, contours, and physical features.	-	-	\$0.00
<b>Climatic &amp; Environmental Study</b> Solar path, wind patterns, and microclimate reporting.	-	-	\$0.00
<b>Zoning &amp; Legal Constraints Research</b>	-	-	\$0.00

SERVICE DESCRIPTION	QTY/HRS	RATE	AMOUNT
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Easements, setbacks, and local building code verification.

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<b>Infrastructure &amp; Utility Mapping</b> Assessment of existing water, sewage, and electrical access.	-	-	\$0.00
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Subtotal: \$0.00  
Tax: \$0.00  
TOTAL DUE: \$0.00

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**Payment Terms:** Net 30 days. Please include invoice number with payment.

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**Notes:** Digital site analysis reports and CAD files will be released upon receipt of payment.