

[ARCHITECT NAME / STUDIO]

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

INVOICE # [0000]

DATE: [Month Day, Year]

DUE DATE: [Month Day, Year]

CLIENT

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

PROJECT REFERENCE

[Project Name / Code]
[Project Location / Address]

SERVICE DESCRIPTION / PHASE	RATE	HOURS/QTY	AMOUNT
Site Analysis & Schematic Design Initial site survey, zoning review, and massing studies.	\$0.00	0.0	\$0.00
Concept Development 3D Renderings, mood boards, and floor plan layouts.	\$0.00	0.0	\$0.00
Reimbursable Expenses Printing, postage, and local travel.	\$0.00	1	\$0.00
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Subtotal	\$0.00		
Tax (0%)	\$0.00		

Total Due \$0.00

PAYMENT INSTRUCTIONS

Bank: [Name] | Account: [Number] | Routing: [Number]

Please include the invoice number as a reference for all transfers.