

# ARCHITECTURAL STUDIO

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

## INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

Project ID: \_\_\_\_\_

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### CLIENT

[Client Name]  
[Company Name]  
[Address Line 1]  
[Address Line 2]

### PROJECT DESCRIPTION

[Project Name/Phase]  
[Location/Site Reference]

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	TOTAL
Schematic Design Phase			
Design Development & Drafting			
Construction Documentation			

**DESCRIPTION OF SERVICES**

**HOURS/QTY**

**RATE**

**TOTAL**

Reimbursable Expenses (Printing/Travel)

Subtotal \$ 0.00

Tax (%) \$ 0.00

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**TOTAL DUE \$ 0.00**

**Payment Terms:** Net 30 Days. Please make checks payable to [Company Name].

**Wire Transfer:** [Bank Name] | **SWIFT:** [Code] | **Account:** [Number]