

[ARCHITECT NAME / FIRM]

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

INVOICE

Date: [DD/MM/YYYY]
Invoice #: [00000]
Project #: [Project Code]

CLIENT

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

PROJECT DESCRIPTION

[Project Name/Phase]
[Property Address]

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	TOTAL
Schematic Design Phase	-	-	\$0.00
Construction Documentation	-	-	\$0.00
Site Visits & Consultations	-	-	\$0.00
Reimbursable Expenses (Printing/Permits)	-	-	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Amount Due: \$0.00

PAYMENT TERMS

Please remit payment within [Number] days. Wire transfer and check accepted. Thank you for your business.

[Bank Name] | Account: [00000000] | Routing: [00000000]