

INVOICE

Architectural Services | Renovation Project

INVOICE NUMBER

[0000]

DATE

[Month DD, YYYY]

ARCHITECT / FIRM

[Firm Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

BILL TO

[Client Name]

[Project Address]

[Client Billing Address]

[Project Reference Number]

PHASE / DESCRIPTION OF SERVICES	RATE/BASIS	QTY/HOURS	AMOUNT
Existing Conditions Documentation & Measured Drawings	-	-	0.00
Schematic Design & Renovation Layouts	-	-	0.00
Construction Documents & Permit Drawings	-	-	0.00
Site Visits & Contract Administration	-	-	0.00
Reimbursable Expenses (Printing/Travel)	-	-	0.00

Subtotal: \$0.00

Tax: \$0.00

Total Amount Due: \$0.00

PAYMENT TERMS

Please make checks payable to [Firm Name]. Net 30 days from date of invoice. Late payments are subject to a [0]% monthly interest charge.

Thank you for the opportunity to work on your renovation project.