

INVOICE

[Architecture Firm Name]

[Address Line 1]

[City, State, Zip]

Invoice #: _____

Date: _____

Project ID: _____

CLIENT:

[Client Name]

[Property Address]

[City, State, Zip]

PROJECT:

[Residential Project Name]

[Phase: e.g., Schematic Design]

DESCRIPTION OF SERVICES / PHASE	FEE %	AMOUNT
Schematic Design Phase	____%	\$ 0.00
Design Development Phase	____%	\$ 0.00
Construction Documents	____%	\$ 0.00
Reimbursable Expenses (Printing/Permits)	-	\$ 0.00

Subtotal: \$ 0.00

Tax: \$ 0.00

TOTAL DUE: \$ 0.00

Payment Terms: Net 30 days. Please make checks payable to [Firm Name].

Thank you for your business.