

INVOICE

Project ID: [Project Number]

[Architecture Firm Name]
[Street Address]
[City, State, Zip]

CLIENT / BILLING TO

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

PROJECT DETAILS

Name: [Project Name]
Date: [Date Issued]
Due Date: [Due Date]

PHASE / SERVICE DESCRIPTION	RATE/BASIS	% COMP.	AMOUNT
Schematic Design & Site Analysis	[Fixed/Hourly]	[0]%	\$0.00
Structural Calculations & Loading Analysis	[Fixed/Hourly]	[0]%	\$0.00
Construction Documentation (CD)	[Fixed/Hourly]	[0]%	\$0.00
Permit Processing & Revisions	[Fixed/Hourly]	[0]%	\$0.00
Subtotal: \$0.00			
Tax / Reimbursables: \$0.00			
Total Due: \$0.00			

PAYMENT TERMS

Please make checks payable to [Firm Name]. Wire transfer details available upon request. Net 30 days.