

INVOICE

[Architectural Firm Name]
[Registration/License Number]

Date: [00/00/0000]
Invoice #: [0000]

Client

[Client Name]
[Client Address]
[City, State, Zip]

Project

[Project Name/Code]
[Project Address]
Phase: [e.g., Schematic Design]

DESIGN PHASE / DESCRIPTION	FEE TYPE	% COMP.	AMOUNT
[Phase Name] [Brief description of deliverables: e.g., Site analysis, floor plans]	[Fixed/Hourly]	[0%]	\$0.00
Reimbursable Expenses [Printing, travel, postage]	Cost + %	-	\$0.00

Subtotal \$0.00
Tax \$0.00
Total Due \$0.00

Payment Terms: [Net 30 Days]
Payment Info: [Bank Name / Account Number / Routing Number]

Thank you for the opportunity to design your project.