ARCHITECTURAL STUDIO
INVOICE

INV-001

FROM:
Firm Name
Street Address
City, State, Zip
Email / Phone
BILL TO:
Client Name
Project Name/Address
City, State, Zip
Client Contact
DATE: [Date]
DUE DATE: [Date]

PHASE / DESCRIPTION	RATE/BASIS	HOURS/QTY	AMOUNT
Schematic Design Phase	$		$
Design Development	$		$
Construction Documentation	$		$
Reimbursable Expenses (Printing/Travel)	$		$

Subtotal $ 0.00
Tax $ 0.00
TOTAL DUE $ 0.00

Payment Terms: Net 30 Days. Please make checks payable to [Firm Name].
Wiring Instructions: Bank Name | Routing # | Account #

Thank you for the opportunity to design with you.