

INVOICE

[Your Design Firm Name]
[Address Line 1]
[City, State, Zip]

Invoice #: [000]
Date: [Date]
Project ID: [Project Ref]

BILL TO:

[Client Name]
[Project Address]
[Phone/Email]

SERVICE PERIOD:

[Start Date] - [End Date]

DESCRIPTION OF PHASE / ITEM	RATE/UNIT	QTY/HRS	AMOUNT
Construction Supervision Site visits and contractor coordination	\$0.00	0	\$0.00
Procurement Management FF&E logistics and tracking	0%	-	\$0.00
Technical Documentation Revision of CAD drawings/specs	\$0.00	0	\$0.00

DESCRIPTION OF PHASE / ITEM	RATE/UNIT	QTY/HRS	AMOUNT
Reimbursable Expenses Permits, printing, and travel	-	-	\$0.00

Subtotal: \$0.00
Tax / VAT: \$0.00
Total Due: \$0.00 USD

Payment Terms: Payable within [X] days. Please include invoice number with payment.

Bank Details: [Bank Name] | **Account:** [Number] | **Routing:** [Number]