

ARCHITECTURE INTERIM INVOICE

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

Invoice #: _____
Date: _____
Period: _____

CLIENT / BILL TO:

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

PROJECT DETAILS:

Project: [Project Name/Ref]
Phase: [e.g., Schematic Design / CD]
Contract Type: [Fixed Fee / Hourly]

DESCRIPTION OF SERVICES / MILESTONES	HOURS / %	RATE	AMOUNT
Professional Services: [Description]			\$
Professional Services: [Description]			\$
Reimbursable Expenses: [Description]			\$
Consultant Fees: [Engineering/Specialty]			\$
<hr/>			
Subtotal: \$ _____			
Tax: \$ _____			
Less Previous Payments: (\$ _____)			

TOTAL DUE: \$ _____

PAYMENT TERMS & NOTES

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

Thank you for your continued partnership on this project.