

# PROGRESSIVE ARCHITECTURE

STUDIO ADDRESS LINE 1  
CITY, STATE, ZIP

## INVOICE

No: \_\_\_\_\_  
Date: \_\_\_\_\_

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### CLIENT / PROJECT

Name: \_\_\_\_\_  
Project: \_\_\_\_\_  
Phase: \_\_\_\_\_

### TERMS

Net 30 Days  
Project Code: \_\_\_\_\_

PROFESSIONAL SERVICES / DESCRIPTION	HOURS / %	RATE	AMOUNT
Schematic Design Phase			\$ 0.00
Design Development Phase			\$ 0.00
Construction Documents			\$ 0.00
Reimbursable Expenses (Printing/Travel)			\$ 0.00
Subtotal			\$ 0.00

Tax \$ 0.00  
TOTAL DUE \$ 0.00

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**Payment Instructions:** Please include invoice number on check or wire transfer. All professional services are subject to the terms of the master agreement dated \_\_\_\_\_.