

INVOICE

[Architectural Firm Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

Invoice No: [0000]

Date: [Date]

Project Ref: [Project ID]

CLIENT

[Client Name]

[Company Name]

[Client Address]

[City, State, Zip]

PROJECT SITE

[Project Name]

[Phase: e.g., Schematic Design]

[Site Address]

Description of Professional Services	Hours / %	Rate	Amount
[Service Item/Phase Component]	[0.00]	[0.00]	[0.00]

Description of Professional Services	Hours / %	Rate	Amount
--------------------------------------	-----------	------	--------

[Service Item/Phase Component]	[0.00]	[0.00]	[0.00]
--------------------------------	--------	--------	--------

Reimbursable Expenses: [Postage/Printing/Travel]	-	-	[0.00]
---	---	---	--------

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

Payment Terms: Net [30] Days. Please make checks payable to [Firm Name].

Interim billing for architectural services rendered during the period of [Start Date] to [End Date].