[ARCHITECTURAL FIRM NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Date: [Date]
Invoice #: [0000]
Project: [Project Name]

CLIENT:

[Client Name]
[Client Address]
[Contact Information]

PAYMENT TERMS:

[e.g., Net 30 Days]
Due Date: [Date]

DESIGN SERVICE DESCRIPTION	RATE/HR	HOURS	TOTAL
Initial Site Analysis & Consultation	$[0.00]	[0.0]	$[0.00]
Schematic Design Phase	$[0.00]	[0.0]	$[0.00]
3D Modeling & Visualization	$[0.00]	[0.0]	$[0.00]

DESIGN SERVICE DESCRIPTION	RATE/HR	HOURS	TOTAL
Reimbursable Expenses (Printing/Travel)	-	-	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]
TOTAL DUE: $[0.00]

Notes & Payment Instructions:

Please make checks payable to **[Firm Name]** or transfer via wire to **[Bank Details]**. Thank you for your business.