INVOICE

[Firm Name]
[Address Line 1]
[Email/Phone]

No: [000]
Date: [Date]

CLIENT / PROJECT

[Client Name]
[Project Title/Address]
[Client Contact]

PHASE

Schematic Design (SD)
Consultation & Programming

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT
Initial Site Analysis & Zoning Review	-	-	$0.00
Conceptual Floor Plans & Massing Studies	-	-	$0.00
Design Review Consultation Meeting	-	-	$0.00

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT
Reimbursable Expenses (Printing/Travel)	-	-	$0.00

Subtotal $0.00
Tax $0.00
Total Due $0.00

TERMS

Please remit payment within [Number] days. Late payments may be subject to a [Percentage]% fee per month. Make checks payable to [Firm Name] or pay via [Electronic Method].