ARCHITECTURAL SERVICES

123 Design Avenue, Studio 400
Metropolis, NY 10001
contact@architecturefirm.com

INVOICE

Invoice #: _____
Date: _____
Project ID: _____

CLIENT INFORMATION

[Client Name / Company]
[Street Address]
[City, State, Zip]
[Phone/Email]

PROJECT DETAILS

[Commercial Project Name]
[Project Location/Address]
Consultation Phase: [Phase Name]

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT
Initial Site Analysis & Feasibility Study			
Schematic Design Consultation			
Zoning & Code Compliance Review			

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

Subtotal: $ 0.00
Tax Rate: 0%
Total Due: $ 0.00

PAYMENT TERMS & NOTES

Please make all checks payable to **[Firm Name]**. Payment is due within 30 days of invoice date. Late payments may be subject to a 1.5% monthly service charge. Thank you for your business.