[COMPANY NAME]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

INVOICE

[0000]
Date: [MM/DD/YYYY]
Project: [Project Reference]

CLIENT INFO

[Client Name/Corporation]
[Attention To]
[Client Address]
[City, State, Zip]

PAYMENT TERMS

Due Date: [MM/DD/YYYY]
Method: [Wire Transfer/Check]

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Initial Site Analysis & Feasibility Study	[0.0]	$[0.00]	$[0.00]
Schematic Design Phase - Corporate HQ	[0.0]	$[0.00]	$[0.00]
Environmental Impact Consultation	[0.0]	$[0.00]	$[0.00]

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Reimbursable Expenses (Travel/Printing)	[1.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]
Total Due: $[0.00]

Notes: Please include invoice number with your payment. Technical drawings and CAD files will be released upon receipt of final payment.

Professional Architectural Consultation Services