ARCHITECTURE STUDIO

123 Design Avenue
City, State, Zip
email@firm.com

INVOICE

Invoice #: 0000
Date: MM/DD/YYYY

CLIENT

Client Name / Company
Project Address
Billing Address
Contact Info

PROJECT REFERENCE

Project Name
Project ID: 00-000
Consultation Phase: [Phase Name]

Description of Services	Hours	Rate ($)	Total ($)
Initial Site Analysis & Planning Consultation	0.00	0.00	0.00
Schematic Design Review & Client Meeting	0.00	0.00	0.00
Technical Documentation & Drafting	0.00	0.00	0.00
Material Specification Research	0.00	0.00	0.00

Subtotal: $0.00
Tax (%): $0.00
Total Due: $0.00

PAYMENT TERMS

Please make checks payable to **[Firm Name]**. Payment is due within 15 days of invoice date. For wire transfers, please use the following details: [Bank Name] | [Account Number] | [Routing Number].