INVOICE

[Your Company Name]
[Address Line 1]
[City, State, Zip]

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

Bill To:
[Client Name]
[Client Address]
[Contact Email]

Consultant:
[Architect/Designer Name]
[License #]
[Phone Number]

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	TOTAL
Initial Architectural Consultation & Site Analysis	[0.0]	$[0.00]	$[0.00]
Space Planning & Schematic Design	[0.0]	$[0.00]	$[0.00]
Material Selection & FF&E Specification	[0.0]	$[0.00]	$[0.00]
Technical Documentation / CAD Drafting	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax ([0]%): $[0.00]

Grand Total: $[0.00]

Payment Terms: [Net 30 / Due on Receipt]

Instructions: Please make checks payable to [Company Name] or transfer via [Bank Details].

Thank you for your business.