# ARCHITECTURAL STUDIO

BESPOKE RESIDENTIAL DESIGN

Invoice No: _____

Date: _____

**Client**
Name: _____
Property: _____
Address: _____

**Project Reference**
ID: _____
Phase: _____

| SERVICE DESCRIPTION | HOURS / RATE | AMOUNT |
|---|---|---|
| Initial Site Analysis & Concept Consultation | ____ @ $____ | $_____ |
| Schematic Design Review | ____ @ $____ | $_____ |
| Material Selection & Finish Specification | ____ @ $____ | $_____ |
| Administrative & Permit Coordination | ____ @ $____ | $_____ |

Subtotal $_____
Tax (___%) $_____

Total $_____

Payment Terms: Net 15. Please make checks payable to Studio Name.

Wire Transfer Details: Bank Name | Account: _____ | Routing: _____