STUDIO / ARCHITECT

Consultation & Spatial Design

INVOICE NO: 000-000
DATE: 00 / 00 / 0000
PROJECT REF: _____

FROM **Firm Name**
Street Address
City, State, Zip
email@studio.com
CLIENT **Client Name**
Project Location
City, State, Zip
client@email.com

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT
Initial Site Analysis & Feasibility Study	0.0	$0.00	$0.00
Schematic Design Consultation	0.0	$0.00	$0.00
3D Visualization & Material Board	0.0	$0.00	$0.00

Subtotal $0.00
Tax (0%) $0.00
Total Due $0.00

PAYMENT TERMS

Please remit payment within 15 days of invoice date. Electronic bank transfers preferred. Thank you for the opportunity to consult on your architectural vision.