INVOICE

Preliminary Architectural Consultation

[Architecture Firm Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO

[Client Name]
[Client Address]
[Project Reference]

INVOICE DETAILS

Invoice #: [000]
Date: [Date]
Due Date: [Date]

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Initial Site Visit & Assessment Site analysis and preliminary constraints review.	[0.0]	$[0.00]	$[0.00]
Pre-Design Consultation Client visioning session and program development.	[0.0]	$[0.00]	$[0.00]
Feasibility Study / Zoning Review Local code compliance and land use research.	[0.0]	$[0.00]	$[0.00]

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Reimbursable Expenses Printing, travel, or municipal filing fees.	[1.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax: $[0.00]

Total Balance Due: $[0.00]

Payment Terms: [Net 15/30]
Wiring/Payment Instructions: [Bank Details or Link]

Thank you for the opportunity to consult on your project.