INVOICE

[Firm Name]
[Address Line 1]
[City, State, Zip]

Invoice #: [00000]
Date: [Date]
Project ID: [PRJ-000]

CLIENT / BILLING TO

[Client Name]
[Company Name]
[Client Address]

PROJECT DESCRIPTION

[Project Name]
[Project Site Address]
[Phase: e.g., Schematic Design]

Service / Milestone Description	Fee Type	% Complete	Amount
Initial Site Analysis & Zoning Review	Fixed Fee	100%	$0.00
Schematic Design Documentation	Fixed Fee	50%	$0.00
Reimbursable Expenses (Printing/Travel)	Cost	-	$0.00

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

PAYMENT TERMS

Please remit payment within 30 days of invoice date. Make all checks payable to [Firm Name].

Wire Transfer Details: [Bank Name] | Routing: [000000] | Account: [00000000]