INVOICE

[Firm Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Invoice #: _____
Date: _____
Project ID: _____

CLIENT INFORMATION

[Client Name]
[Project Address]
[City, State, Zip]

CONSULTATION PHASE

[e.g., Schematic Design / Site Assessment]

Description of Services	Hours/Qty	Rate	Amount
Initial Site Survey & Measurement			
Architectural Consultation / Design Review			
Drafting & Floor Plan Revisions			
Structural Assessment Fee			

Subtotal: $ 0.00
Tax: $ 0.00

Total Due: $ 0.00

Payment Terms: Net 30 days. Please make checks payable to [Firm Name].

Thank you for choosing us for your renovation project.