[ARCHITECT NAME/FIRM]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Date: [MM/DD/YYYY]

Invoice #: [0000]

Project: [Residential Project Name]

BILL TO:

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

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT
Initial Site Consultation			$
Schematic Design / Drafting			$
Planning & Permit Documentation			$
Reimbursable Expenses (Printing/Travel)			$

Subtotal: $0.00
Tax: $0.00
TOTAL: $0.00

Payment Terms: Payable within [30] days.

Wire/ACH Details: [Bank Name] | [Account Number] | [Routing Number]

Thank you for the opportunity to work on your home.