INVOICE

Site Analysis & Consultation

Date: _____

Invoice #: _____

Architectural Firm
[Name]
[Address Line 1]
[Email/Phone]
Client / Project
[Client Name]
[Site Address]
[Project Reference]

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Initial Site Visit & Physical Assessment			
Zoning & Regulatory Code Research			
Topography & Climate Impact Analysis			
Utility & Infrastructure Review			

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Consultation Meeting & Summary Report			

Subtotal $ _____
Tax (___%) $ _____
TOTAL DUE $ _____

Payment Terms: Due within 30 days. Please make checks payable to the firm name listed above.

Thank you for your business.