INVOICE

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

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

CLIENT

[Client Name]
[Project Name/Ref]
[Client Address]

PROJECT SCOPE

Technical Architectural Consultation
Phase: [Phase Name]
Location: [Project Site]

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	TOTAL
Site Analysis & Feasibility Study	-	-	$0.00
Technical Blueprint Review & Structural Coordination	-	-	$0.00
Sustainable Material Specifications	-	-	$0.00

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	TOTAL
Regulatory & Zoning Compliance Consultation	-	-	$0.00

Subtotal: $0.00
Tax: $0.00
Amount Due: $0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Routing: [Number]
Please include the invoice number as a reference for all transfers.