INVOICE

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

Invoice #: _____
Date: _____
Project ID: _____

CLIENT / BILL TO:

[Client Name]
[Company Name]
[Address Line 1]
[City, State, Zip]

PROJECT LOCATION:

[Project Name/Phase]
[Site Address]
[Parcel/Lot Number]

SERVICE DESCRIPTION / PHASE	RATE / TYPE	HOURS/QTY	AMOUNT
Schematic Design & Site Planning	$		$
Construction Documentation / Drafting	$		$
Revisions & Structural Coordination	$		$

SERVICE DESCRIPTION / PHASE	RATE / TYPE	HOURS/QTY	AMOUNT
Permit Submission Sets	$		$
Reimbursable Expenses (Printing/Couriers)	$		$

Subtotal: $ _____
Tax/VAT: $ _____
Total Due: $ _____

PAYMENT TERMS & NOTES:

Net [30] Days. Please make checks payable to **[Firm Name]** or pay via wire transfer to **[Bank Details]**. Late payments are subject to a [0.0%] monthly finance charge.