INVOICE

No: _____
Date: _____

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

Client:
[Client Name]
[Project Name]
[Client Address]

Project Details:
Project ID: [000-00]
Phase: [e.g., Construction Admin]
Period: [Start Date] - [End Date]

DESCRIPTION OF SERVICES	RATE	HOURS/QTY	AMOUNT
Design Coordination & Site Meetings	$0.00	0.00	$0.00
Contract Administration	$0.00	0.00	$0.00
Permit Management & Documentation	$0.00	0.00	$0.00
Reimbursable Expenses (Printing/Travel)	$0.00	1	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Total Due: $0.00

Payment Terms: Net 30 Days. Please make checks payable to [Firm Name].
Wiring Instructions: Bank: [Name] | Account: [Number] | Routing: [Number]