

INVOICE

[Architecture Firm Name]
[Address Line 1]
[Email/Phone]

INVOICE NUMBER

[INV-000]

DATE ISSUED

[Date]

CLIENT

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

[Project Name]
Project ID: [00-000]
Phase: Construction Documentation (CD)

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Architectural Set (Floor Plans, Sections, Details)	-	-	\$0.00
Structural/MEP Coordination & Integration	-	-	\$0.00
Technical Specifications Manual Development	-	-	\$0.00
Reimbursable Expenses (Printing/Plotting)	-	-	\$0.00
Subtotal			\$0.00

Tax (0%) \$0.00
Total Due \$0.00

PAYMENT TERMS

Net 30. Please make checks payable to [Firm Name]. For wire transfers: [Bank Name] | Acc: [00000000] | Routing: [00000000]