

# INVOICE

Architectural Permitting Services

**Invoice #:** [0000]

**Date:** [Date]

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**From:**

[Business Name]

[Address Line 1]

[Email/Phone]

**Bill To:**

[Client Name/Company]

[Project Address]

[Permit Application #]

Service Description	Hours/Qty	Rate	Amount
Permit Drawing Preparation & Coordination	[0.0]	[\$[0.00]]	[\$[0.00]]
Building Department Submittal & Filing	[0.0]	[\$[0.00]]	[\$[0.00]]
Municipal Reimbursable Fees (Pass-through)	1	[\$[0.00]]	[\$[0.00]]
Zoning/Code Research & Consulting	[0.0]	[\$[0.00]]	[\$[0.00]]

**Total Due: \$[0.00]**

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**Payment Terms:** Due within [X] days. Please make checks payable to [Business Name].

Thank you for your business regarding your architectural permitting needs.