

# INVOICE

[Architectural Firm Name]  
[License Number]  
[Street Address, City, State, Zip]

INVOICE #  
[0000]

DATE  
[Month DD, YYYY]

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CLIENT / BILLING TO:

[Client Name / Company]  
[Project Site Address]  
[Email/Phone]

PROJECT DETAILS:

**Project:** [Project Title]  
**Project ID:** [Reference #]  
**Phase:** [e.g., Schematic Design / CD]

| Description of Architectural Services                 | Hours/Qty | Rate/Unit | Amount |
|---|-----------|-----------|--------|
| <b>Drafting:</b> Floor Plans & Elevations             | 0.00      | \$0.00    | \$0.00 |
| <b>Drafting:</b> Section Details & RCP                | 0.00      | \$0.00    | \$0.00 |
| <b>Consultation:</b> Structural Coordination          | 0.00      | \$0.00    | \$0.00 |
| <b>Revisions:</b> Client-Requested Changes (Set #[X]) | 0.00      | \$0.00    | \$0.00 |
| <b>Reimbursables:</b> Large Format Printing/Plotting  | 0.00      | \$0.00    | \$0.00 |

Subtotal: \$0.00  
Tax/VAT: \$0.00  
Total Due: \$0.00

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**PAYMENT TERMS & NOTES:**

Please make checks payable to **[Firm Name]**. Net [30] days. Transfer details: [Bank Name] | Account: [Number] | Routing: [Number].  
All drawings remain property of the architect until full payment is received.