

INVOICE

Preliminary Design Phase

[Company Name]
[Address Line 1]
[Email/Phone]

BILL TO:

[Client Name]
[Client Address]
[Project Reference]

INVOICE DETAILS:

No: [Invoice #]
Date: [Date]
Due Date: [Date]

Description of Design Services	Hours	Rate	Amount
Initial Site Analysis & Feasibility Study	[0.00]	[\$[0.00]]	[\$[0.00]]
Conceptual Sketching & Mood Boards	[0.00]	[\$[0.00]]	[\$[0.00]]
Preliminary Space Planning / Schematic Design	[0.00]	[\$[0.00]]	[\$[0.00]]
Client Consultation & Review Meetings	[0.00]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Tax ([0] %): \$[0.00]
Balance Due: \$[0.00]

PAYMENT INSTRUCTIONS:

Please make checks payable to [Company Name] or pay via [Bank Details/Link].

Terms: Net [Number] days. Thank you for your business.