

INVOICE

[Firm Name]
[Address Line 1]
[City, State, Zip]

Invoice #: [0000]
Date: [Date]
Project ID: [Project #]

CLIENT

[Client Name]
[Client Company]
[Address Line 1]
[City, State, Zip]

PROJECT LOCATION

[Project Name]
[Project Address]

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Initial Site Consultation & Analysis	[0.0]	[\$[0.00]]	[\$[0.00]]
Schematic Design Phase - Professional Services	[0.0]	[\$[0.00]]	[\$[0.00]]
Reimbursable Expenses (Prints/Travel)	[1.0]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Tax: \$[0.00]
Total Due: \$[0.00]

PAYMENT TERMS

Please remit payment within 30 days. Checks payable to [Firm Name].

[Bank Name] | IBAN: [Number] | SWIFT: [Code]