

INVOICE

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

INVOICE NUMBER

#0000

DATE

[Month DD, YYYY]

CLIENT / BILLING

[Client Name]
[Company Name]
[Address Line 1]

PROJECT DETAILS

[Project Name]
[Project Number]
[Project Phase]

DESCRIPTION OF SERVICES	HOURS / %	RATE	AMOUNT
Schematic Design Phase	-	-	\$0.00
Design Development	-	-	\$0.00
Construction Documentation	-	-	\$0.00
Reimbursable Expenses (Printing/Travel)	-	-	\$0.00

Subtotal \$0.00
Tax \$0.00
TOTAL DUE \$0.00

PAYMENT TERMS

Please remit payment within 30 days. Make checks payable to **[Firm Name]**. For wire transfers, please use Reference #0000.