INVOICE

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

INVOICE #: _____
DATE: _____
DUE DATE: _____

CLIENT / APPLICANT:

[Client Name]
[Property Address]
[Contact Details]

PROJECT REFERENCE:

[Project Title/ID]
[Local Planning Authority]
[Application Reference #]

Description of Professional Services	Quantity	Amount
Initial Site Survey & Appraisal	___	0.00
Preparation of Existing Elevations & Floor Plans	___	0.00
Proposed Design Development & 3D Modeling	___	0.00

Description of Professional Services	Quantity	Amount
Planning Statement & Design and Access Statement	___	0.00
Submission & Liaison with Planning Department	___	0.00
Disbursements (Council Fees/Map Licensing)	___	0.00

Subtotal: $0.00

Tax / VAT: $0.00

Total Due: $0.00

PAYMENT INSTRUCTIONS:

Bank: [Bank Name]
Account Name: [Name]
Account Number: [Number]
Sort Code / Routing: [Code]

Terms: Payment is required within [X] days. This invoice covers planning phase services only and does not include Building Regulations or Structural Engineering unless specified.