ARCHITECTURAL STUDIO

123 Design Avenue
London, UK E1 6AN
contact@studio.com

INVOICE

Invoice #: [0000]
Date: [Date]
Project ID: [PRJ-00]

CLIENT

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

PROJECT REFERENCE

[Project Title/Name]
[Project Address/Site Location]
[Phase: e.g., Construction Documentation]

Description of Services / Phase	Fee Basis	% Complete	Amount
[Phase Name: e.g., Schematic Design]	[Fixed Fee/Hourly]	[0%]	[0.00]
[Phase Name: e.g., Design Development]	[Fixed Fee/Hourly]	[0%]	[0.00]

Description of Services / Phase	Fee Basis	% Complete	Amount
[Reimbursable Expenses: Printing, Travel, etc.]	[Cost + %]	-	[0.00]

Subtotal: [0.00]
Tax ([0%]): [0.00]
Total Amount Due: [0.00]

PAYMENT TERMS

Please make checks payable to **Architectural Studio**. Payment is due within 30 days.
Bank Transfer: [Bank Name] | IBAN: [Number] | BIC: [Code]