INVOICE

[Architect/Firm Name]
[Address Line 1]
[Address Line 2]

Date: [DD/MM/YYYY]
Invoice #: [0000]
Project ID: [PRJ-00]

CLIENT / BILL TO

[Client Name]
[Client Address]
[Client Email/Phone]

PROJECT LOCATION & PHASE

[Project Site Address]
[Phase: e.g., Construction Documentation / Site Inspection]

DATE	SITE SUPERVISION ACTIVITY / DESCRIPTION	HOURS/QTY	RATE	TOTAL
[Date]	Routine Site Visit & Technical Inspection	[0.0]	[0.00]	[0.00]
[Date]	Quality Control Report & Contractor Meeting	[0.0]	[0.00]	[0.00]
[Date]	Material Sample Approval & Verification	[0.0]	[0.00]	[0.00]
-	Travel Expenses / Reimbursables	[1.0]	[0.00]	[0.00]

Subtotal: [0.00]
Tax ([0]%): [0.00]

Total Due: [Currency] [0.00]

PAYMENT TERMS & NOTES

Please make payments to: [Bank Name] | Account: [Account Number] | SWIFT: [Code]

Payment is due within [14] days of invoice date.