INVOICE

[Firm Name]
[Street Address]
[City, State, Zip]
[Tax ID / License No.]

BILL TO:

[Client Name]
[Company Name]
[Project Name/Phase]
[Client Address]

DETAILS:

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

PHASE / SERVICE DESCRIPTION	HOURS / QTY	RATE	AMOUNT
Schematic Design Site analysis and preliminary conceptual drawings.	[0.00]	$[0.00]	$[0.00]
Construction Documentation Detailed architectural plans and technical specifications.	[0.00]	$[0.00]	$[0.00]
Consultant Coordination Structural and MEP engineering oversight.	[0.00]	$[0.00]	$[0.00]

PHASE / SERVICE DESCRIPTION	HOURS / QTY	RATE	AMOUNT
Reimbursable Expenses Printing, travel, and permit filing fees.	1	$[0.00]	$[0.00]

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

Payment Terms: Net [30] days. Please include invoice number with payment.
Bank Details: [Bank Name] | **Account:** [Number] | **Routing:** [Number]
Thank you for your business.