STUDIO / ARCHITECT NAME

INVOICE
0000
Date: MM/DD/YYYY

FROM

Architect Address Line 1
City, State, Zip
Email / Phone
Tax ID: 00-0000000

CLIENT / PROJECT

Client Name / Company
Project Name: [Project Title]
Project Phase: Concept Design
Client Address Line 1

DESCRIPTION OF SERVICES	HOURS / QTY	RATE / UNIT	AMOUNT
Site Analysis & Physical Survey Review	0.00	$0.00	$0.00
Conceptual Space Planning & Diagrams	0.00	$0.00	$0.00
3D Massing Models & Preliminary Renders	0.00	$0.00	$0.00
Reimbursable Expenses (Printing/Travel)	1.00	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Total Due: $0.00

PAYMENT TERMS

Please make checks payable to "Studio Name". Wire transfer details available upon request. Payment is due within 30 days of invoice date.