[ARCHITECTURE FIRM NAME]

[ADDRESS LINE 1], [CITY, STATE, ZIP]

INVOICE

No: [Invoice #]
Date: [Date]

CLIENT:
[Client Name]
[Project Name / Address]
[Client Email]

PROJECT PHASE:
[Current Phase, e.g., Schematic Design]

DESCRIPTION OF SERVICES / PHASE	FIXED FEE / HRS	RATE	TOTAL
[Professional Service Description]	[Quantity]	[$0.00]	[$0.00]
[Consultant Coordination Fee]	[Quantity]	[$0.00]	[$0.00]
[Reimbursable Expenses]	[Quantity]	[$0.00]	[$0.00]

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

TOTAL DUE: $0.00

Payment Terms: [Net 30 / Due on Receipt]
Payment Instructions: [Wire/Check/Bank Details]

Thank you for your business.