INVOICE

No: [0000]
Date: [Date]

[Architect Name/Firm]
[Street Address]
[City, State, Zip]
[License Number]

BILL TO

[Client Name]
[Client Address]
[City, State, Zip]
[Project Name/Reference]

PROJECT DETAILS

[Project Phase]
Consultation Period: [Start] - [End]
Site Location: [Address/Lot]
Contract Ref: [Number]

DESCRIPTION OF SERVICES	UNITS/HRS	RATE	AMOUNT
[Initial Design Consultation / Schematic Design]	[0.00]	$[0.00]	$[0.00]
[Drafting & Technical Documentation]	[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 remit payment within [30] days of invoice date. Payments can be made via [Bank Transfer/Check/Other].

Account Name: [Name] | Account No: [00000000] | Sort Code: [00-00-00]