INVOICE
[Firm Name]
[Firm Address]

Invoice #: _____
Date: _____

CLIENT / BILL TO

[Client Name]
[Project Address]

PROJECT DETAILS

Project: [Project Name/Ref]
Phase: Schematic Design

TASK DESCRIPTION	HOURS / %	AMOUNT
Site Analysis & Existing Conditions Documentation		$
Initial Conceptual Drawings & Floor Plans		$
Massing Models & 3D Visualizations		$
Preliminary Material Selection & Client Review Meetings		$
Reimbursable Expenses (Printing, Travel, etc.)		$

Subtotal: $_____
Tax: $_____
Total Due: $_____

PAYMENT TERMS

Net [30] days. Please make checks payable to [Firm Name] or use [Payment Link/IBAN].