[ARCHITECTURE FIRM NAME]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

INVOICE

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

BILL TO: **[Client Name]**
[Client Address Line 1]
[City, State, Zip]
PROJECT: **[Project Name]**
[Project Address/Phase]

DESCRIPTION OF SERVICES / PHASE	HOURS / %	RATE	AMOUNT
[Schematic Design / Professional Services]	[0.00]	$[0.00]	$[0.00]
[Design Development]	[0.00]	$[0.00]	$[0.00]
[Reimbursable Expenses]	-	-	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Total Due: $[0.00]

Terms: Net [30] Days. Please make checks payable to "[Firm Name]".

Thank you for the opportunity to work on this project.