# ARCHITECTURAL SERVICES

123 Design Studio Ave.
City, State, Zip
email@firm.com

# INVOICE

Date: [Date]
Invoice #: [0001]
Project ID: [Project Name/Ref]

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**BILL TO**

[Client Name]
[Client Address]
[City, State, Zip]

**PROJECT PHASE**

**[e.g., Schematic Design / Construction Docs]**
Status: [Percentage]% Complete

| Phase / Task Description | Hours/Qty | Rate | Amount |
|---|---|---|---|
| [Description of Design Work/Deliverable] | [0.00] | $0.00 | $0.00 |
| [Description of Revisions or Site Visits] | [0.00] | $0.00 | $0.00 |
| [Reimbursable Expenses: Printing/Travel] | [1] | $0.00 | $0.00 |

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

**Payment Terms:** Due within [30] days. Please make checks payable to [Firm Name].

Notes: Professional architectural services rendered for the specified phase as per the signed agreement.