INVOICE

Permitting Phase Services

INVOICE DETAILS

No: _____
Date: _____

ARCHITECT

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

BILL TO

[Client Name] [Project Name/No.] [Property Address]

Phase Description	% Comp.	Fee Value	Amount
Permit Set Coordination & Final Review			
Code Compliance Documentation			
Agency Submittal & Filing Fees			
Plan Check Corrections/Responses			

Subtotal: $0.00
Reimbursable Expenses: $0.00

TOTAL DUE: $0.00

NOTES

Standard payment terms: 30 days. Please include project number on check or wire transfer.