FIRM NAME

123 Studio Lane
City, State, Zip
email@firm.com

INVOICE

Date: [Date]
Invoice #: [000]
Project #: [Project No.]

CLIENT

Client Name / Entity
Street Address
City, State, Zip
Attn: Project Manager

PROJECT INFO

Project Name: [Project Title]
Phase: [e.g. Schematic Design]
Contract Type: [Fixed Fee/Hourly]

DESCRIPTION OF SERVICES	HOURS / %	RATE	AMOUNT
[Service Item / Project Phase]	[0.00]	$[0.00]	$[0.00]
[Service Item / Project Phase]	[0.00]	$[0.00]	$[0.00]
Reimbursable Expenses	-	-	$[0.00]

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

PAYMENT TERMS

Please make checks payable to **[Firm Name]**. Payment is due within [30] days. Late payments may be subject to a [0.0%] monthly interest fee as per contract agreement.