INVOICE

[Architect Name / Firm]
[Address Line 1]
[Address Line 2]

INVOICE NUMBER
#0000

DATE
[MM/DD/YYYY]

CLIENT / BILLING

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

PROJECT DETAILS

Project: [Project Name/Residential Address]
Phase: [e.g., Schematic Design / Construction Docs]

DESCRIPTION OF SERVICES	HOURS / QTY	RATE	AMOUNT
[Service Name - e.g., Site Analysis & Documentation]	0.00	$0.00	$0.00
[Service Name - e.g., Plan Revisions]	0.00	$0.00	$0.00
[Reimbursable Expense - e.g., Large Format Printing]	1	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Total Balance Due: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Firm Name]**

Bank Transfer: [Account Number / Routing Number]

Terms: Net 30 days. Thank you for your business.