INVOICE

Schematic Design Phase

[Studio Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO

[Client Name]
[Client Address]
[Project Reference Name]

DETAILS

Invoice #: [000]
Date: [Date]
Due Date: [Date]

Description of Services	Hours/Qty	Rate	Amount
Site Analysis & Building Code Research	[0.0]	$0.00	$0.00
Conceptual Floor Plans & Space Planning	[0.0]	$0.00	$0.00
3D Massing Models & Exterior Studies	[0.0]	$0.00	$0.00
Initial Material & Finish Selection	[0.0]	$0.00	$0.00

Subtotal $0.00
Tax $0.00
Total Due $0.00

PAYMENT TERMS

Please make checks payable to [Studio Name]. Electronic transfers accepted at [Bank Details/Link]. Net 30 days.