ARCHITECTURE STUDIO

123 Design Way, Suite 100
Metropolis, NY 10001
contact@firm.com

INVOICE

No: _____
Date: _____

CLIENT

[Client Name/Company]
[Address Line 1]
[Address Line 2]

PROJECT

[Project Name]
Phase: [e.g. Schematic Design]
Project ID: [0000]

SERVICE DESCRIPTION	HOURS / %	RATE	AMOUNT
[Service Title - e.g., Design Documentation]	0.00	$0.00	$0.00
[Service Title - e.g., Site Visitation]	0.00	$0.00	$0.00

SERVICE DESCRIPTION	HOURS / %	RATE	AMOUNT
[Reimbursable Expenses - e.g., Printing/Travel]	-	-	$0.00

Subtotal $0.00
Tax (%) $0.00
TOTAL DUE $0.00

PAYMENT TERMS

Please make checks payable to "Architecture Studio". Net 30 days. Wire transfer details available upon request.