

[ARCHITECTURE FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [Date]
Project ID: [Project Ref]

CLIENT INFORMATION

[Client Name/Company]
[Contact Person]
[Billing Address]
[City, State, Zip]

PROJECT DETAILS

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

| SERVICE DESCRIPTION | HOURS/QTY | RATE | TOTAL |
|--|-----------|----------|----------|
| Initial Site Analysis & Feasibility Study | [0.0] | [\$0.00] | [\$0.00] |
| Architectural Design Development - Commercial Office | [0.0] | [\$0.00] | [\$0.00] |
| MEP & Structural Engineering Coordination | [0.0] | [\$0.00] | [\$0.00] |

| SERVICE DESCRIPTION | HOURS/QTY | RATE | TOTAL |
|-----------------------------------|-----------|----------|----------|
| Permit Documentation & Submission | [0.0] | [\$0.00] | [\$0.00] |
| <hr/> | | | |
| Subtotal: \$[0.00] | | | |
| Tax ([0] %): \$[0.00] | | | |
| <hr/> | | | |
| Balance Due: \$[0.00] | | | |

Payment Terms: Net [30] days. Please make checks payable to "[Architecture Firm Name]".

Notes: [Insert specialized notes regarding commercial codes, zoning, or reimbursement expenses here.]