

# ARCHITECTURAL SERVICE

[Firm Name]  
[Studio Address]  
[City, Country, ZIP]  
[Email/Phone]

## INVOICE

**Invoice #:** [0000]  
**Date:** [DD/MM/YYYY]  
**Project Code:** [Resort-ID]

### CLIENT / DEVELOPER:

[Client Name]  
[Resort Name/Company]  
[Client Address]  
[Tax ID/VAT]

### PROJECT DESCRIPTION:

[Scope: e.g., Concept Design Phase for Luxury Villas & Spa Pavilion]

DESIGN PHASE / DESCRIPTION	HOURS / %	RATE / FEE	AMOUNT
<b>Schematic Design</b> Site planning, resort layout, and massing studies.	-	0.00	0.00
<b>Interior Architectural Detail</b> Hospitality FF&E specifications and layout.	-	0.00	0.00

DESIGN PHASE / DESCRIPTION	HOURS / %	RATE / FEE	AMOUNT
<b>3D Visualization &amp; Rendering</b> High-resolution exterior resort vistas.	-	0.00	0.00

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

**Payment Terms:** Net [30] Days. Please include project code in wire transfer reference.

**Bank Details:** [Bank Name] | **SWIFT:** [Code] | **Account:** [Number]