

ARCHITECTURAL DESIGN SERVICES

[Firm Name]
[Registration Number]
[Address Line 1]
[City, State, Zip]

INVOICE

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

CLIENT / INSTITUTION

[Educational Institution Name]
[Department/Campus]
[Attention To: Name/Title]
[Address Line 1]
[City, State, Zip]

PROJECT REFERENCE

[Institutional Project Title]
Phase: [e.g., Schematic Design / Construction Docs]
Contract Ref: [Contract Number]

Service Description	Hours / %	Rate / Fee	Total Amount
Architectural Programming & Site Analysis			
Institutional Facility Design Development			
MEP Coordination & Technical Specifications			

Service Description	Hours / %	Rate / Fee	Total Amount
Regulatory Compliance & Permit Documentation			

Subtotal: \$ 0.00
Reimbursable Expenses: \$ 0.00
Tax ([0] %): \$ 0.00
Total Amount Due: \$ 0.00

PAYMENT TERMS

Net [30] days. Please make checks payable to **[Firm Name]**. For electronic fund transfers, please use: Bank: [Bank Name] | Account: [Number] | Routing: [Number].

Authorized Signature: _____