

**[ARCHITECTURAL FIRM NAME]**  
LANDSCAPE & SITE DESIGN SERVICES

**INVOICE**

Date: [Date]  
Invoice #: [0000]  
Project ID: [ID-00]

**Billed To:**  
[Client Name]  
[Property Address/Project Site]  
[City, State, Zip]

**From:**  
[Firm Address Line 1]  
[City, State, Zip]  
[Email/Phone]

SERVICE DESCRIPTION / DESIGN PHASE	HOURS/QTY	RATE	AMOUNT
Site Analysis & Topographic Assessment	-	-	-
Conceptual Landscape Master Plan	-	-	-
Hardscape & Grading Documentation	-	-	-
Planting & Irrigation Specifications	-	-	-
Reimbursable Expenses (Printing/Permits)	-	-	-

Subtotal: \$0.00  
Tax: \$0.00  
Total Due: \$0.00

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

Thank you for your business regarding the architectural development of your site.