

INVOICE

Invoice #: [0000]

Date: [Date]

Project Name: [Project Name]

Project ID: [ID-000]

[Design Firm Name]

[Address Line 1]

[City, State, Zip]

[Email / Phone]

Client:

[Client Name]

[Site Address]

[Phone Number]

Description of Services	Hours/Qty	Rate/Price	Total
Initial Architectural Consultation & Site Analysis	-	-	\$0.00
Schematic Design Phase (Floor Plans & Elevations)	-	-	\$0.00
Construction Documentation & Permitting Specs	-	-	\$0.00
3D Modeling & Rendering Services	-	-	\$0.00
Reimbursable Expenses (Printing, Travel, Fees)	-	-	\$0.00
Subtotal:			\$0.00
Tax:			\$0.00
Total Due:			\$0.00

Payment Terms: [Net 30 / Due on Receipt]

Payment Method: [Bank Transfer / Check / Credit Card]

Thank you for choosing our architectural services for your renovation project.