

INVOICE

Architectural Firm Name
123 Design Studio Ave
City, State, Zip
Email: contact@firm.com

Invoice #: [000]
Date: [MM/DD/YYYY]
Project: [Residential Project Name]

Bill To:
[Client Name]
[Client Address]
[City, State, Zip]

Description of Services	Phase	Rate/Hours	Total
Schematic Design & Site Analysis	Phase 1	[Amount]	\$0.00
Design Development & 3D Modeling	Phase 2	[Amount]	\$0.00
Construction Documents & Permitting	Phase 3	[Amount]	\$0.00
Reimbursable Expenses (Printing/Travel)	N/A	[Amount]	\$0.00

Subtotal: \$0.00
Tax: \$0.00

Grand Total: \$0.00

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

Thank you for choosing our architectural services for your home.