

[ARCHITECTURE STUDIO NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [000]
Date: [Date]
Project: [Retail Storefront Name]

CLIENT INFORMATION

[Client Name/Company]
[Billing Address]
[City, State, Zip]

PROJECT SCOPE

[Brief Description of Storefront Design Phase, e.g., Schematic Design, Facade Engineering, or Permitting]

Service Description	Hours/Qty	Rate	Amount
Initial Site Survey & Measurement			
Schematic Design & 3D Storefront Visualization			
Material Selection & Signage Specification			
Construction Documents & ADA Compliance Review			
Planning Department Submittal / Permit Processing			

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

PAYMENT TERMS

Please make checks payable to [Company Name]. Payment is due within 30 days. For wire transfers, please use: [Bank Details/IBAN].