

ARCHITECTURAL INVOICE

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

Invoice #: _____
Date: _____
Project ID: _____

CLIENT

[Client Name]
[Company Name]
[Client Address]
PROJECT DESCRIPTION

Schematic Preliminary Design Phase
[Project Site Address / Name]

SERVICE DESCRIPTION	UNITS/HRS	RATE	AMOUNT
Site Analysis & Programming Research			\$ 0.00
Initial Floor Plan Concepts & Spatial Adjacencies			\$ 0.00
Massing Studies & Preliminary Elevations			\$ 0.00
Client Review Meetings & Consultations			\$ 0.00
Reimbursable Expenses (Printing/Travel)			\$ 0.00
Subtotal:			\$ 0.00

Tax: \$ 0.00
Total Due: \$ 0.00

PAYMENT TERMS

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

Thank you for the opportunity to design your project.