

INVOICE

[Architect Name/Firm]

[Street Address]

[City, State, Zip]

[Phone/Email]

INVOICE NUMBER

[INV-000]

DATE

[Date]

CLIENT / BILLING ADDRESS

[Client Name]

[Company Name]

[Street Address]

[City, State, Zip]

PROJECT INFORMATION

Project: [Project Name/Ref]

Phase: [e.g., Schematic Design / Construction Admin]

Due Date: [Date]

DESCRIPTION OF SERVICES	RATE/HR	QTY/HRS	AMOUNT
[Service Description]	\$0.00	0.00	\$0.00
[Service Description]	\$0.00	0.00	\$0.00
[Reimbursable Expenses]	-	-	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00

Total Amount Due: \$0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Routing: [Number]

Please make checks payable to: [Firm Name]

Terms: Payment due within [Number] days. Thank you for your business.