

[FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [Date]
Project ID: [Project #]

CLIENT

[Client Name]
[Company Name]
[Street Address]
[City, State, Zip]

PROJECT

[Project Name]
[Project Location/Address]

PHASE / DESCRIPTION	CONTRACT FEE	% COMPLETE	PREVIOUS BILLING	CURRENT REQUEST
[Phase 1: e.g., Schematic Design]	\$0.00	0%	\$0.00	\$0.00
[Phase 2: e.g., Design Development]	\$0.00	0%	\$0.00	\$0.00

PHASE / DESCRIPTION	CONTRACT FEE	% COMPLETE	PREVIOUS BILLING	CURRENT REQUEST
[Phase 3: e.g., Construction Docs]	\$0.00	0%	\$0.00	\$0.00
[Reimbursable Expenses]	N/A	N/A	\$0.00	\$0.00

Total Services: \$0.00
Total Reimbursables: \$0.00
TOTAL AMOUNT DUE: \$0.00

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

Wire Transfer Info: [Bank Name] | [Account Number] | [Routing Number]