

[ARCHITECTURE FIRM NAME]

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

INVOICE

Date: [MM/DD/YYYY]
Invoice #: [00000]
Project #: [PRJ-00]

CLIENT:

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

PROJECT:

[Project Title]
[Project Phase / Description]

SERVICE DESCRIPTION / PROFESSIONAL	HOURS	RATE	AMOUNT
[Phase Name: e.g., Schematic Design - Principal Architect]	0.00	\$0.00	\$0.00
[Phase Name: e.g., Drafting/BIM - Junior Designer]	0.00	\$0.00	\$0.00
[Consultation/Site Visit]	0.00	\$0.00	\$0.00

SERVICE DESCRIPTION / PROFESSIONAL

HOURS RATE AMOUNT

[Reimbursable Expenses: Printing/Travel]	-	-	\$0.00
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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 your business.