

[ARCHITECTURE FIRM NAME]

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

EXPENSE INVOICE

Invoice #: _____
Date: _____

BILL TO:

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

PROJECT REFERENCE:

Project Name: [Project Name]
Project ID: [Project Number]
Phase: [Phase Name]

| DATE | CATEGORY / DESCRIPTION | QUANTITY/UNITS | UNIT COST | MARKUP % | TOTAL |
|------|------------------------|----------------|-----------|----------|-------|
|------|------------------------|----------------|-----------|----------|-------|

[e.g., Large Format Printing/Plotting]

[e.g., Courier & Delivery Fees]

[e.g., Travel - Mileage/Parking]

[e.g., Permit & Filing Fees]

| DATE | CATEGORY / DESCRIPTION | QUANTITY/UNITS | UNIT COST | MARKUP % | TOTAL |
|------|------------------------|----------------|-----------|----------|-------|
|------|------------------------|----------------|-----------|----------|-------|

[e.g., Model Materials/Supplies]

Subtotal: \$0.00
Total Markup: \$0.00
TOTAL DUE: \$0.00

Notes: All receipts for items listed above are available upon request. Payment is due within [Number] days of receipt.