

INVOICE

[Architect/Firm Name]
[License Number]
[Address Line 1]
[Email/Phone]

INVOICE NUMBER

[INV-000]

DATE

[DD/MM/YYYY]

CLIENT

[Client Name]
[Company Name]
[Client Address]

PROJECT

[Project Name/Reference]
[Project Address/Phase]

DESCRIPTION OF SERVICES	PHASE	RATE/FIXED	AMOUNT
[Service Description]	[SD / DD / CD]	0.00	0.00
[Service Description]	[SD / DD / CD]	0.00	0.00
[Reimbursable Expenses]	-	0.00	0.00
Subtotal			\$0.00
Tax ([0]%)			\$0.00
Total Due			\$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to: [Firm Name]

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

[Terms: e.g., Due within 30 days]