

# INVOICE

Architectural Design & Renovation Services

[Architecture Firm Name]  
[Address Line 1]  
[City, State, Zip]  
[License Number]

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CLIENT / BILLING DETAILS

[Client Name]  
[Project Address]  
[Client Contact Information]

INVOICE DETAILS

Invoice #: [000-00]  
Date: [MM/DD/YYYY]  
Project Code: [PRJ-XXX]

RENOVATION PHASE / SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Initial Site Survey & Measurements	-	-	\$0.00
Schematic Design & Floor Plan Revisions	-	-	\$0.00
Construction Documentation & Permitting	-	-	\$0.00
Interior Material Specifications	-	-	\$0.00

Subtotal: \$0.00  
Tax / Reimbursable: \$0.00  
Total Due: \$0.00

**PAYMENT TERMS & NOTES**

Please make checks payable to **[Firm Name]**. Payment is due within 15 days. For wire transfers, please use the following details:  
[Bank Name / Account Details].