

# INVOICE

Phase: Schematic Design (SD)

**[Firm Name]**  
[Address Line 1]  
[City, State, Zip]

**BILL TO:**

[Client Name]  
[Project Name/Number]  
[Client Address]

**Invoice #:** [0000]  
**Date:** [MM/DD/YYYY]  
**Due Date:** [MM/DD/YYYY]

DESCRIPTION OF SERVICES	HOURS / %	RATE	AMOUNT
Site Analysis & Program Validation	[0.00]	[0.00]	[0.00]
Preliminary Floor Plans & Spatial Diagrams	[0.00]	[0.00]	[0.00]
Massing Studies & Exterior Elevations	[0.00]	[0.00]	[0.00]
Reimbursable Expenses (Printing/Travel)	[1.00]	[0.00]	[0.00]
Subtotal \$[0.00]			
Tax \$[0.00]			
<b>Total Due \$[0.00]</b>			

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**Notes:**

Please include the invoice number on your check. Schematic Design deliverables will be released upon receipt of payment.