

# [ARCHITECTURE FIRM NAME]

[Street Address]  
[City, State, Zip]  
[Phone Number]

## INVOICE

Invoice #: [0000]  
Date: [Date]  
Project ID: [Project #]

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### BILL TO:

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

### PROJECT:

[Project Title]  
[Project Phase]  
[Site Address]

DESCRIPTION OF PROFESSIONAL SERVICES	PHASE / HOURS	RATE	AMOUNT
[e.g., Schematic Design Phase - Fixed Fee Progress]	[00%]	---	\$0.00
[e.g., Principal Architect - Construction Admin]	[0.0] hrs	\$0.00	\$0.00
[e.g., Reimbursable Expenses - Printing/Travel]	---	---	\$0.00

Subtotal: \$0.00

Tax/Other: \$0.00  
TOTAL DUE: \$0.00

**Payment Terms:** Net [30] Days. Please make checks payable to [Firm Name].

Thank you for your business.