ARCHITECTURAL SERVICES INVOICE

ARCHITECT

Firm name _____

Address _____

Phone / email _____

License no. _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Billing period _____

Project no. _____

BILL TO (CLIENT)

Client _____ Email _____

Address _____

PROJECT

Project _____

Site _____

Agreement _____

Basic services fee _____

BASIC SERVICES, FIXED FEE

Phase	Phase fee	% complete	Amount

Earned to date

ADDITIONAL SERVICES, HOURLY

Service	Hours	Rate	Amount

Additional services subtotal

REIMBURSABLE EXPENSES, AT COST

Expense	Qty	Unit cost	Amount

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal

Reimbursable expenses, at cost

Total

Less: previous invoices

Amount due

FEE NOTES

Please quote the invoice and project numbers with your payment.