

ARCHITECTURAL SERVICES

INVOICE

INVOICE NO. _____
DATE _____
DUE DATE _____

CLIENT / BILL TO _____

PROJECT REFERENCE _____
PROJECT NAME _____
PROJECT NO. _____
PHASE _____

PHASE/ CODE	DESCRIPTION OF ARCHITECTURAL SERVICES	HOURS / QTY	RATE	AMOUNT

SUBTOTAL _____
TAX / VAT _____
TOTAL DUE _____

PAYMENT TERMS & INSTRUCTIONS

ARCHITECT SIGNATURE