

# Invoice

## Architectural Design Consultation

**Invoice Number:** INV-00123

**Date:** 2024-06-17

**Billed To:**

**Project Address:**

| Description          | Hours                | Rate  | Amount               |
|----------------------|----------------------|-------|----------------------|
| Initial Consultation | <input type="text"/> | \$100 | <input type="text"/> |
| Site Visit           | <input type="text"/> | \$120 | <input type="text"/> |
| Concept Sketches     | <input type="text"/> | \$90  | <input type="text"/> |

**Total Due:**

**Payment Terms:** Due in 14 days

**Notes:**

Thank you for your business!