

# INVOICE

Design Development Phase

**[Architectural Firm Name]**  
[Street Address]  
[City, State, Zip]  
[Email/Phone]

**Client:**  
[Client Name]  
[Client Address]  
[City, State, Zip]

**Invoice #:** [0000]  
**Date:** [Date]  
**Project ID:** [Project Code]  
**Due Date:** [Date]

DESCRIPTION OF SERVICES (DD PHASE)	HOURS	RATE	AMOUNT
Refinement of Schematic Design & Floor Plans	0.0	\$0.00	\$0.00
Structural & MEP Systems Coordination	0.0	\$0.00	\$0.00
Material Specifications & External Elevations	0.0	\$0.00	\$0.00
Consultant Coordination (Landscape/Interior)	0.0	\$0.00	\$0.00
Reimbursable Expenses (Printing/Travel)	-	-	\$0.00
Subtotal: \$0.00			
Tax: \$0.00			
<b>Total Due: \$0.00</b>			

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

Notes: Work covers development from approved Schematic Design through 100% Design Development documentation.