

STUDIO & ATELIER

ARCHITECTURAL SERVICES

Invoice No: _____

Date: _____

PROJECT DETAILS

Project Name: _____

Location: _____

Project ID: _____

CLIENT INFORMATION

PHASE / SERVICE DESCRIPTION

RATE

HOURS/QTY

TOTAL

Schematic Design & Concept Development

Design Development & Material Selection

Construction Documentation

Project Administration & Site Review

Subtotal: \$ _____
Tax: \$ _____
Total Due: \$ _____

PAYMENT TERMS

Please remit payment within 15 days via wire transfer.

Bank: _____ | Account: _____ | Swift: _____

Thank you for the opportunity to design your residence.