

INTERIM INVOICE

Design Development Phase

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

CLIENT

[Client Name]
[Project Name]
[Client Address]

INVOICE DETAILS

Invoice #: [000]
Date: [Date]
Project ID: [ID-00]

| DESCRIPTION OF SERVICES | PHASE COMPLETION | RATE/BASIS | AMOUNT |
|---|------------------|------------|--------|
| Architectural Design Development Refinement of plans, sections, and elevations. | [00]% | Fixed Fee | \$0.00 |
| Consultant Coordination Structural and MEP integration. | [00]% | Hourly | \$0.00 |
| Reimbursable Expenses Printing, site visits, and permits. | - | Cost + 10% | \$0.00 |

Subtotal: \$0.00
Tax: \$0.00
Less Previous Payments: (\$0.00)
Total Amount Due: \$0.00

Payment Terms: Due within [30] days. Please make checks payable to [Firm Name].

Notes: This invoice covers progress through [Date] of the Design Development phase.