

DESIGN REVIEW INVOICE

[Firm Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Invoice #: _____
Date: _____
Project ID: _____

CLIENT INFORMATION

[Client Name]
[Company Name]
[Project Address]
[City, State, Zip]

PROJECT SCOPE

Phase: _____
Review Type: Structural MEP Civil
Review Stage: SD DD CD

Description of Engineering Services	Hours/Qty	Rate	Total
Initial Design Documentation Review			
Code Compliance & Zoning Analysis			
Structural Integrity Verification			
MEP Systems Coordination Review			

Description of Engineering Services	Hours/Qty	Rate	Total
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Final Peer Review Report & Seal			
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Subtotal: \$ _____

Tax/Other: \$ _____

Total Amount Due: \$ _____

NOTES & TERMS

Please make checks payable to **[Firm Name]**. Payment is due within 30 days of receipt. Professional seals will be released upon confirmation of final payment.