URBAN DESIGN CONSULTATION

Studio Address Line 1
City, State, Postcode
Contact: email@studio.com

INVOICE NO: _____
DATE: _____
PROJECT REF: _____

CLIENT

Client Name / Firm
Project Site Address
City, State

PROJECT PHASE

Site Analysis / Master Planning
Schematic Design

DESCRIPTION OF SERVICES	UNITS/HOURS	RATE	AMOUNT
Urban Context Analysis & Mapping			
Conceptual Master Plan Revision			
Zoning Compliance & Density Study			
Client Presentation & Coordination Meeting			

Subtotal $0.00
Tax (%) $0.00
Total Balance Due $0.00

Payment Terms: Net 30 days. Please include invoice number with your remittance.

Bank: Name of Bank | Account: 00000000 | Swift/BIC: XXXXXXXX