

**PROJECT ESTIMATE**  
Architecture & Design Studio

Estimate #: \_\_\_\_\_

Date: \_\_\_\_\_

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**Client:**

**Project Site:**

PHASE / DESCRIPTION	ESTIMATED HOURS	RATE	TOTAL
Schematic Design			
Design Development			
Construction Documentation			
Bidding & Negotiation			
Construction Administration			
Reimbursable Expenses (Permits/Printing)	-	-	
Subtotal \$			_____
Tax \$			_____
Estimated Total \$			_____

**Notes:**

This estimate is valid for 30 days. Final billing will be based on actual hours worked and project scope changes. Architectural services do not include structural engineering or specialized landscaping fees unless noted.