

INVOICE

Firm Name: _____

Address: _____

Email: _____

Invoice #: _____

Date: _____

Project ID: _____

CLIENT:

PROJECT:

Schematic Design Phase

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	TOTAL
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Site Analysis & Programming

Conceptual Floor Plans

Preliminary Massing Studies / 3D Models

DESCRIPTION OF SERVICES

HOURS/QTY

RATE

TOTAL

Material & Finish Boards (Initial Selection)

Reimbursable Expenses (Printing/Travel)

Subtotal: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

Terms: Payment due within ___ days. Please make checks payable to _____.

Notes: All schematic designs remain the intellectual property of the firm until final payment is received.