ARCHITECTURE DESIGN ESTIMATE

Company Name
Address Line 1
City, State, Zip

Estimate #: _____
Date: _____
Valid Until: _____

Client:

Contact Name
Organization Name
Client Address

Project:

System Architecture Refactoring / Green Field Design

Service Description	Rate/Hr	Hours	Total
Discovery & Requirements Gathering Stakeholder interviews, constraint analysis, and technical feasibility.	$		$
System Component Modeling Microservices decomposition, API contracts, and data flow diagrams.	$		$

Service Description	Rate/Hr	Hours	Total
Infrastructure & Cloud Topology Networking, Kubernetes orchestration, and storage strategy.	$		$
Security & Compliance Framework IAM policies, encryption standards, and auditing protocols.	$		$
Technical Documentation (ADRs) Architectural Decision Records and final hand-off blueprints.	$		$

Subtotal: $ _____
Contingency (10%): $ _____
ESTIMATED TOTAL: $ _____

Notes: This is a preliminary estimate based on current scope. Final billing will be based on actual hours logged.

Payment Terms: 50% upfront, 50% upon delivery of final architectural blueprints.