

URBAN DESIGN STUDIO

INVOICE NUMBER

INV-00000

DATE

MM/DD/YYYY

CLIENT INFORMATION

Client Name / Developer

Street Address

City, State, Zip

Contact Email

PROJECT REFERENCE

Project Name

Lot / Block / Phase ID

Zoning Reference

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT
Initial Site Analysis & Feasibility Study	-	-	\$0.00
Schematic Urban Design & Massing Models	-	-	\$0.00
Zoning Compliance & Permit Documentation	-	-	\$0.00
Rendering & Visualization Services	-	-	\$0.00

Subtotal \$0.00

Tax (0%) \$0.00

Total Balance Due \$0.00

PAYMENT TERMS

Net 30 days. Please include the project name on wire transfers or checks.

CONTACT

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