

INVOICE

Firm Name: _____

Address: _____

License No: _____

Date: _____

Invoice #: _____

Client / Developer:

Project Reference:

Project Name: _____

Total Units: _____

Location: _____

Phase Status: Schematic Design Design Development Construction Docs Bidding Admin

SERVICE DESCRIPTION / PHASE	FEE TYPE	% COMPLETE	AMOUNT
Architectural Basic Services - Multi-Family Design	Fixed/Hourly	_____ %	\$ _____
Structural/MEP Coordination Fees	Consultant	_____ %	\$ _____
Site Planning & Unit Matrix Development	Fixed	_____ %	\$ _____

SERVICE DESCRIPTION / PHASE	FEE TYPE	% COMPLETE	AMOUNT
Reimbursable Expenses (Printing, Travel, Permits)	Expenses	100%	\$ _____
Subtotal: \$ _____ Previous Payments: (\$ _____)			
Balance Due: \$ _____			

Payment Terms: Net 30 Days. Please make checks payable to the firm name above.

Architectural work remains the intellectual property of the firm until full payment is received.