

# Invoice

Invoice Date  
Invoice Number

Client Representative  
Client Organization  
Client Address  
Client City, State Zip Code

## Project Name [Proj ID]

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For Professional Services during November 2019

### Fee Determination

Estimated Construction Cost: \$4,700,000  
Fee Percentage: 6.75  
Total Fee: \$317,250

### Fee

Phase	Percent of Fee	Fee	Percent Complete	Earned to Date	Previous Invoices	Current Fee Due
Schematic Design	15.0%	\$47,587.50	95.0%	\$45,208.13	\$15,075.00	\$30,133.13
Design Development	20.0%	\$63,450.00	0.0%	\$0.00		\$0.00
Construction Documents	40.0%	\$126,900.00	0.0%	\$0.00		\$0.00
Bidding	5.0%	\$15,862.50	0.0%	\$0.00		\$0.00
Construction Administration	20.0%	\$63,450.00	0.0%	\$0.00		\$0.00
					<b>Total Fee Due</b>	<b>\$30,133.13</b>

### Zoning Investigation

Professional Staff	Position	Hours	Rate	Amount
Staff Name	Principal	6.25	\$175.00	\$1,093.75
Staff Name	Architect	12.00	\$125.00	\$1,500.00
Staff Name	CAD Technician	21.50	\$75.00	\$1,612.50
			<b>Total Expenses Due</b>	<b>\$4,206.25</b>

Your Organization Name and Address

YOUR LOGO

## Reimbursable Expenses

<b>Date</b>	<b>Description</b>	<b>Type</b>	<b>Amount</b>
Nov 4, 2019	Meeting with Building Official	Mileage	\$12.00
Nov 19, 2010	Zoning Review Application Fee	Expense	\$250.00
		<b>Total Expenses Due</b>	<b>\$262.00</b>

## Summary of Amounts Due This Invoice

<b>Description</b>	<b>Type</b>	<b>Amount</b>
Fee Earned This Invoice	Fee	\$30,133.13
Fee Earned For Hourly Services	Hourly Services	\$4,206.25
Reimbursable Expenses Incurred	Expenses	\$262.00
	<b>Total Due This Invoice</b>	<b>\$34,601.38</b>

Your Organization Name and Address