

# SAMPLE ARCHITECT'S STATEMENT FOR SERVICES

ARCHITECT'S NAME and ADDRESS or LETTERHEAD  
(Federal employer's identification number on each copy)

To: Owner (Local Owner)  
Address

Project:

B.C.No. \_\_\_\_\_

Date:

PSCA No. \_\_\_\_\_

Statement for Architectural Services Rendered as Follows:

**1. Basic Fee:** ( \_\_\_\_\_ % or Lump Sum \$ \_\_\_\_\_ )

Amount of Construction Contract: \$ \_\_\_\_\_

Service A: 10% X \_\_\_\_\_ % X Amount of Contract \$ \_\_\_\_\_

Service B: 15% X \_\_\_\_\_ % X Amount of Contract \$ \_\_\_\_\_

Service C: 50% X \_\_\_\_\_ % X Amount of Contract \$ \_\_\_\_\_

Service D: 5% X \_\_\_\_\_ % X Amount of Contract \$ \_\_\_\_\_

Service E: 20% X \_\_\_\_\_ % X Amount of Contract X \_\_\_\_\_ % Complete \$ \_\_\_\_\_

Total Basic Fee Earned to Date \$ \_\_\_\_\_

**2. Other Fees Per Special Provisions of the Agreement:**

(Fully account for Other Fees here or in an attachment)

Amount included in Previous Billings \$ \_\_\_\_\_

Increase for this Billing \$ \_\_\_\_\_

Total Other Fees Earned to Date \$ \_\_\_\_\_

**3. Reimbursable Expenses:**

(Fully account for Reimbursable Expenses here or in an attachment)

Amount included in Previous Billings \$ \_\_\_\_\_

Increase for this Billing \$ \_\_\_\_\_

Total Reimbursable Expenses Incurred to Date \$ \_\_\_\_\_

**4. Total Amount Earned To Date** \$ \_\_\_\_\_

**5. Less Previous Payments** \$ \_\_\_\_\_

**6. Amount Due This Invoice** \$ \_\_\_\_\_

I certify that the above account is correct, just and that payment therefor has not yet been received.

Sworn to and subscribed before me

\_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_

(Architect)

\_\_\_\_\_ L.S.

By \_\_\_\_\_

(Title)

**APPROVALS:**

Approved by \_\_\_\_\_

Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Name of Local Owner

Approved by \_\_\_\_\_

Date \_\_\_\_\_