### Design Professionals - Application for Payment

**Version 2: Based on Hourly Rate and Reimbursables**

**Bill To:** Villanova University  
Facilities Management Office  
800 Lancaster Ave.  
Villanova, PA 19085-1699  
ATTN: Anne Ryan

**From:**

<table>
<thead>
<tr>
<th>Firm Name</th>
<th>Address</th>
<th>City, St., Zip Code</th>
<th>Contact Name</th>
<th>Phone Number</th>
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**Project Name:**

**VU Project Manager:**

**VU Project No.:**

### Consultant Project No.: Application Date:

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classification</td>
<td>Rate</td>
<td>Hours</td>
<td>Reimbursables</td>
<td>Current Invoice Amt. (B x C) + D</td>
</tr>
</tbody>
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#### Architect/Lead Design:

- Principal: $0.00
- Project Manager: $0.00
- Project Architect: $0.00
- Architect: $0.00
- Draftsperson: $0.00
- Other: $0.00
- Other: $0.00
- Other: $0.00
- Other: $0.00

#### Consultant #1:

- Other: $0.00
- Other: $0.00
- Other: $0.00
- Other: $0.00
- Other: $0.00

#### Consultant #2:

- Other: $0.00
- Other: $0.00
- Other: $0.00
- Other: $0.00
- Other: $0.00

#### Consultant #3:

- Other: $0.00
- Other: $0.00
- Other: $0.00
- Other: $0.00
- Other: $0.00

**Total:** $0.00

#### Instructions:

1. Please fill out all areas highlighted in Yellow (as applicable).
2. Please include the name of each consultant in the CLASSIFICATION area of this form.
3. Please initial any changes made to this form, prior to submitting / executing.

#### Approval

**Amount Approved:** $0.00

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<thead>
<tr>
<th>Owner - Level 1:</th>
<th>Date:</th>
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<th>Owner - Level 2:</th>
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<th>Owner - Level 3:</th>
<th>Date:</th>
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