



**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:**

<b>Firm Name</b>
Address
City, St., Zip Code
Contact Name
Phone Number

**PROJECT NAME:** \_\_\_\_\_  
**VU PROJECT MANAGER:** \_\_\_\_\_  
**VU PROJECT NO.:** \_\_\_\_\_

**CONSULTANT PROJECT NO.:** \_\_\_\_\_ **APPLICATION DATE:** \_\_\_\_\_

A	B	C	D	E
CLASSIFICATION	RATE	HOURS	REIMBURSABLES	CURRENT INVOICE AMT. (B x C) + D
<b>ARCHITECT/LEAD DESIGN:</b>				
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
<b>CONSULTANT #1:</b>				
Other				\$0.00
Other				\$0.00
Other				\$0.00
Other				\$0.00
Other				\$0.00
<b>CONSULTANT #2:</b>				
Other				\$0.00
Other				\$0.00
Other				\$0.00
Other				\$0.00
Other				\$0.00
<b>CONSULTANT #3:</b>				
Other				\$0.00
Other				\$0.00
Other				\$0.00
Other				\$0.00
Other				\$0.00
<b>Other</b>				\$0.00
<b>TOTAL:</b>				<b>\$0.00</b>

*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

**Owner - Level 1 :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Owner - Level 2 :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Owner - Level 3 :** \_\_\_\_\_ **Date :** \_\_\_\_\_