INVOICE

Drafting & Design Services

INVOICE NUMBER
#0000

DATE
MM/DD/YYYY

FROM

Firm Name
Address Line 1
City, State, Zip
Email / Phone

BILL TO

Client Name / Developer
Project Address
City, State, Zip
Contact Person

PROJECT DETAILS

Project Name: _____

DESCRIPTION OF DELIVERABLES	HOURS/QTY	RATE	AMOUNT
Construction Documentation (CD) Set - Initial Drafting	0.00	$0.00	$0.00
Structural Coordination & Detailing	0.00	$0.00	$0.00
Revisions & Redline Corrections	0.00	$0.00	$0.00

DESCRIPTION OF DELIVERABLES	HOURS/QTY	RATE	AMOUNT
Permit Set Finalization	0.00	$0.00	$0.00

Subtotal: $0.00
Tax/Reimbursables: $0.00
Total Amount: $0.00

NOTES & PAYMENT TERMS

Please make checks payable to **Firm Name**. Payment is due within 30 days. Digital files will be released upon receipt of payment for this phase.