[CORPORATE NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Name]
[Client Company]
[Client Address]
[Contact Email]

PROJECT REFERENCE

Project: [Project Name/Ref]
Purchase Order: [PO Number]
Drafting Lead: [Name]

Description of Services	Hours/Qty	Rate	Amount
[Initial Drafting Phase - Schematic Design]	[0.00]	$[0.00]	$[0.00]
[Technical Revisions & Coordination]	[0.00]	$[0.00]	$[0.00]
[CAD/BIM Management Services]	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax ([0]%): $[0.00]
Total Due: $[0.00]

PAYMENT INSTRUCTIONS

Please make all checks payable to **[Corporate Name]**. Wire transfers: [Bank Name] | Account: [Number] | Routing: [Number]. Payment is due within [30] days of invoice date.