BLUEPRINT SERVICES

Architectural Drafting & Design Engineering

INVOICE

INV-0000
Date: MM/DD/YYYY

Provider:
[Company Name]
[Street Address]
[City, State, Zip]
[Email/Phone]
Client / Bill To:
[Client Name/Firm]
[Street Address]
[City, State, Zip]
[Contact Person]

Project Reference: [Project Title / Phase]
Site Location: [Site Address/Parcel Number]
PO Number: [Reference Number]

SERVICE DESCRIPTION	SHEET/REF	RATE/UNIT	QTY/HRS	TOTAL
Initial Schematic Design & Site Planning	A-101	$0.00	0	$0.00
Floor Plans & Elevation Details	A-201-205	$0.00	0	$0.00

SERVICE DESCRIPTION	SHEET/REF	RATE/UNIT	QTY/HRS	TOTAL
Structural Engineering Review & Stamps	S-101	$0.00	0	$0.00
MEP (Mechanical/Electrical/Plumbing) Layouts	M/E/P-101	$0.00	0	$0.00
Large Format Printing (24" x 36")	Sets	$0.00	0	$0.00

Subtotal: $0.00
Permit Filing Fees: $0.00
Tax (0%): $0.00

Total Due: $0.00

Payment Terms: Due within [X] days. Please make checks payable to [Company Name].

Notes: All blueprints remain the intellectual property of [Company Name] until final payment is received in full.