[STUDIO NAME]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

INVOICE

[0000]
Date: [Date]
Project: [Project Name/No.]

CLIENT

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

PROJECT SCOPE

[Phase: e.g., Construction Documentation]
[Software: e.g., Revit / AutoCAD]
[Status: e.g., 90% Submittal]

Description of Drafting Services / Sheet No.	Hours/Qty	Rate	Amount
[e.g., Floor Plans & Enlarged Details]	0.00	$0.00	$0.00
[e.g., RCP & Lighting Coordination]	0.00	$0.00	$0.00
[e.g., BIM Modeling & Collision Detection]	0.00	$0.00	$0.00

Subtotal: $0.00
Tax/Reimbursable: $0.00
TOTAL: $0.00

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to **[Name]** or transfer via **[Bank/App Details]**.

Net 30. All digital CAD/BIM files remain property of the drafter until final payment is received.