INVOICE

[Your Company Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Project ID: [Project Name/Ref]

Consultant Details

[Name/Entity]
[Phone]
[Email]
Bill To

[Client Name]
[Client Address]
[Client Contact]

Description of Drafting Services	Hours	Rate ($/hr)	Total
[Task: e.g., Initial Schematic Design]	0.00	0.00	0.00
[Task: e.g., Construction Documentation]	0.00	0.00	0.00
[Task: e.g., Plan Revisions & Redlines]	0.00	0.00	0.00

Subtotal: $0.00
Tax/Fees: $0.00
Total Balance: $0.00

Payment Terms: [Net 30/Due on Receipt]
Notes: [Bank wire or check instructions go here]