CAD SERVICES CO.

123 Design Street, Suite 100
Engineering City, ST 12345
contact@cadservices.com

INVOICE

Invoice #: [0000]
Date: [Date]
Project ID: [PRJ-00]

BILL TO

[Client Name/Company]
[Address Line 1]
[Address Line 2]
[Email Address]

PROJECT DETAILS

[Project Name]
Phase: [Design/Permit/As-Built]
Draftsman: [Name]

Description of Drafting Services	Rate/Hr or Unit	Qty/Hrs	Amount
[Sheet No. - Title / Task Description]	$0.00	0.0	$0.00
[Sheet No. - Title / Task Description]	$0.00	0.0	$0.00
[Revision Cycles / Redlines]	$0.00	0.0	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Total Due: $0.00

Payment Terms: Net 30. Please make checks payable to "CAD Services Co."

Thank you for your business. All digital files remain property of the drafter until final payment is received.