[FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [Date]
Project: [Project Name/ID]

CLIENT INFORMATION

[Client Name]
[Contact Person]
[Client Address]
[City, State, Zip]

PAYMENT TERMS

Due Date: [Date]
Method: [Bank Transfer / Check]
Status: Pending

Description of Drafting Services	Hours / Qty	Rate	Amount
[e.g., Schematic Design Drawings - Revision 1]	[0.00]	$[0.00]	$[0.00]
[e.g., MEP Coordination / Drafting]	[0.00]	$[0.00]	$[0.00]
[e.g., Site Plan Development]	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]

Total Amount: $[0.00]

Notes: All technical drawings remain the intellectual property of [Firm Name] until final payment is received. Please include invoice number on all remittances.