[DRAFTING STUDIO NAME]

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

INVOICE

Invoice #: [000]
Date: [Date]
Project ID: [Project Name/No.]

CLIENT

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

PROJECT SITE

[Property Address/Legal Description]
[Lot/Block Information]

DESCRIPTION OF SERVICES	PHASE	RATE/PRICE	TOTAL
[Service Name: e.g., Schematic Design, Construction Docs]	[Phase Name]	$[0.00]	$[0.00]
[Revisions/Hourly Drafting Hours]	[Hours]	$[0.00]/hr	$[0.00]
[Reimbursable Expenses: Printing/Permits]	N/A	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Total Due: $[0.00]

Payment Terms: [Net 30 Days / Due on Receipt]
Note: Drawings remain property of [Drafting Studio] until final payment is received.