

PROJECT BILLING INVOICE

Mechanical Engineering Services

INVOICE #: [0000]
DATE: [MM/DD/YYYY]

FROM:

[Company Name]
[Engineer/Firm License #]
[Address Line 1]
[City, State, Zip]

BILL TO:

[Client Name]
[Project Name/ID]
[Client Address]
[Client Contact Email]

Service Description	Rate/Unit	Qty/Hours	Amount
CAD Modeling & Design (SolidWorks/AutoCAD)	\$0.00	0.0	\$0.00
FEA / Thermal Stress Analysis	\$0.00	0.0	\$0.00
Prototype Development & Testing	\$0.00	0.0	\$0.00
Technical Documentation & BOM Generation	\$0.00	0.0	\$0.00
Material Procurement / Reimbursables	\$0.00	1.0	\$0.00
Subtotal: \$0.00			

Tax (0%): \$0.00
Total Balance: \$0.00

PAYMENT TERMS: Net [30] Days. Please make checks payable to [Company Name].

NOTES: All mechanical designs remain intellectual property of [Company Name] until final payment is received.