PROJECT INVOICE

Structural & Mechanical Engineering Services

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

SERVICE PROVIDER

[Engineering Firm Name]
[License/Registration No.]
[Street Address]
[City, State, Zip]

CLIENT / PROJECT SITE

[Client Name]
[Project Reference/PO Number]
[Site Address]
[City, State, Zip]

Description of Engineering Services	Units/Hours	Rate	Amount
Structural Load Analysis & Stress Simulations	0.0	$0.00	$0.00
Mechanical CAD Drafting (3D Modeling)	0.0	$0.00	$0.00
PE Stamping & Technical Certification	1	$0.00	$0.00
On-site Structural Integrity Inspection	0.0	$0.00	$0.00

Subtotal: $0.00
Tax/GST: $0.00
Total Balance: $0.00 USD

Payment Terms: Net [30] days. Please make checks payable to [Firm Name].
Notes: All structural calculations are based on local building codes and standards.