BIM SERVICES INVOICE

[Your Company Name]
[Address Line 1]
[Email / Phone]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

CLIENT INFORMATION

[Client Name]
[Company Name]
[Project Address]
[Client Contact Email]

PROJECT DETAILS

Project Name: [Project Name]
Project Number: [Reference #]
BIM Level: [e.g., LOD 300 / 350]

DESCRIPTION OF SERVICES (MODELING / DRAFTING)	QUANTITY / HOURS	RATE	TOTAL
[Service Name - e.g., Architectural Modeling]	[0.00]	$[0.00]	$[0.00]
[Service Name - e.g., MEP Coordination & Clash Detection]	[0.00]	$[0.00]	$[0.00]
[Service Name - e.g., Construction Documentation / Sheet Set]	[0.00]	$[0.00]	$[0.00]

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

Amount Due: $[0.00]

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | SWIFT/Routing: [Code]
Please include Invoice # in the payment reference. Terms: Net 30.