DESIGN GROUP

123 Architectural Way
Studio City, CA 90210
contact@designfirm.com

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Project ID: [PRJ-000]

CLIENT / BILLING TO

[Client Name/Company]
[Street Address]
[City, State, Zip]
[Attn: Name]

PROJECT DETAILS

Project Name: [Commercial Site Name]
Phase: [e.g., Construction Documentation]
PO Number: [Reference Number]

Description of Drafting Services	Hours/Qty	Rate	Amount
[Service Item: e.g., Floor Plan Revisions - Level 1]	[0.00]	$[0.00]	$[0.00]
[Service Item: e.g., Mechanical/Electrical Coordination]	[0.00]	$[0.00]	$[0.00]

Description of Drafting Services	Hours/Qty	Rate	Amount
[Service Item: e.g., Large Format Printing/Plotting]	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax (0%): $[0.00]
Total Balance Due: $[0.00]

TERMS & INSTRUCTIONS

Payment is due within [30] days. Please make checks payable to **[Design Group]**.
Electronic Transfer: Bank [Name] | Account [Number] | Routing [Number]