LABOR INVOICE

Drafting & Design Services

Invoice #: [0000]
Date: [Date]
Project ID: [Project Name/No.]

PROVIDER

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

CLIENT

[Client Name / Company]
[Billing Address]
[Contact Person]

Item / Sheet No.	Detailed Description of Labor / Revision	Hours	Rate	Amount
[A-101]	Initial Floor Plan Layout - Preliminary Schematic Design	[0.0]	$[0.00]	$[0.00]
[A-201]	Exterior Elevations & Section Detailing	[0.0]	$[0.00]	$[0.00]
[Misc]	Redline Revisions (Client Requested - Set [X])	[0.0]	$[0.00]	$[0.00]
[Cons]	Technical Consultation & Code Compliance Review	[0.0]	$[0.00]	$[0.00]
Subtotal				$[0.00]
Tax ([0]%)				$[0.00]

Total Due	**$[0.00]**

PAYMENT TERMS & NOTES

Please remit payment within [X] days. Make all checks payable to [Name].

Work completed represents drafting labor only unless otherwise specified. All CAD/BIM files remain property of the drafter until final payment is received.