DRAFTING FIRM NAME

123 Design Street, Suite 100
City, State, Zip Code
Email: contact@firm.com

INVOICE

Date: _____
Invoice #: _____
Project ID: _____

CLIENT / BILL TO:

Name: _____
Address: _____
City, State: _____

SERVICE DESCRIPTION / SHEET #	UNITS/HOURS	RATE	AMOUNT

Subtotal: $ _____
Tax: $ _____
TOTAL: $ _____

Payment Terms: Net 30 Days. Please make checks payable to **Drafting Firm Name**.

Thank you for your business.