INVOICE

Invoice #: [000]
Date: [Date]

[Drafting Firm Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Bill To:
[Client Name]
[Client Address]
[Client Contact]

Project Details:
[Project Name/Property Address]
[Total Square Footage] sq. ft.

Description	Rate Type	Qty / Hrs	Unit Price	Total
Initial Floor Plan Measurement & Drafting	Per Sq Ft	[0.00]	$[0.00]	$[0.00]
3D Rendering / Visualization	Fixed	[0]	$[0.00]	$[0.00]
Revisions & Structural Adjustments	Hourly	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax (0%): $[0.00]

Balance Due: $[0.00]

Payment Terms:
Payable via [Check/Bank Transfer/Digital Payment] within [00] days.

Notes: Digital files (DWG/PDF) will be released upon final payment.