INVOICE

[Drafting Firm Name]
[Street Address]
[City, State, Zip]

Invoice #: [000]
Date: [Date]
Project ID: [Project Name/Number]

BILL TO

[Client Name]
[Client Address]
[Phone / Email]

SITE LOCATION

[Residential Property Address]
[Lot/Parcel Number]

Description of Drafting Services	Qty/Hrs	Rate	Total
Initial Schematic Design & Floor Plans			
Structural Elevations & Sections			
Electrical & Plumbing Site Overlays			
Revisions (Round #)			
Permit Documentation Printing/Courier			

Subtotal: $0.00

Tax: $0.00
Total Due: $0.00

TERMS & NOTES

Please make checks payable to **[Drafting Firm Name]**. Payment is due within [Number] days. Late fees may apply. Digital CAD files will be released upon final payment receipt.