INVOICE

Drafting & Site Planning Services

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

BILL TO:

[Client Name]
[Project Address / City]
[Client Contact]

Invoice #: [0000]
Date: [Date]
Project ID: [Site Plan ID]

Description of Drafting Services	Units/Hrs	Rate	Amount
Initial Boundary & Topographic Mapping			
Proposed Structure Placement & Setbacks			
Utility & Grading Schematic			
Permit Revision Cycles			

Subtotal: $0.00

Tax: $0.00

Total Balance Due: $0.00

PAYMENT TERMS & NOTES:

Payment is due within [Number] days. Please include Project ID with payment. All site plans remain property of the drafter until final payment is received.