INVOICE

[Service Provider Name]
[Street Address]
[City, State, Zip]
[Tax ID / Business Number]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

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

Project Reference:

[Project Name/Code]
[PO Number]

DRAWING # / DESCRIPTION	SCALE/FORMAT	QUANTITY	UNIT PRICE	TOTAL
[Item Description / CAD Service]	[e.g. A1 / 1:50]	[Qty/Hrs]	[0.00]	[0.00]

Subtotal: [0.00]
Tax ([0]%): [0.00]

Total Amount: $[0.00]

Payment Instructions:
[Bank Name] | [Account Number] | [SWIFT/IBAN]

Terms:
Standard terms apply. All technical drawings remain the intellectual property of [Provider] until full payment is received.