INVOICE

[Drafting Studio Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

INVOICE NUMBER
#0000

DATE
[Date]

BILL TO
[Client Name/Company]
[Client Address]
[Project Name/Reference]

PROJECT DETAILS
Project No: [00-000]
Phase: [e.g., Schematic Design / CD]
Due Date: [Date]

DESCRIPTION OF DRAFTING SERVICES	HOURS/QTY	RATE	AMOUNT
[Service Name - e.g., Floor Plan Drafting]	0.00	$0.00	$0.00
[Service Name - e.g., 3D Modeling/Rendering]	0.00	$0.00	$0.00
[Service Name - e.g., Revisions/Redlines]	0.00	$0.00	$0.00

Subtotal $0.00
Tax (0%) $0.00
Total Due $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Business Name]**. For wire transfers, use account [Bank Details]. Payment is due within [X] days of invoice date.