ENGINEERING INVOICE

[Firm Name]
[License Number]
[Address]

Invoice #: _____
Date: _____
Due Date: _____
Project ID: _____

CLIENT INFORMATION

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

PROJECT DETAILS

Project Name: _____
Location: _____
Phase: _____

Description of Professional Services	Hours / Qty	Rate	Amount
[Service: e.g., Structural Analysis, Site Inspection]			
[Service: e.g., CAD Drafting, Project Management]			
[Reimbursable Expenses: e.g., Printing, Travel]			

Subtotal: $ 0.00
Tax/VAT: $ 0.00

Total Amount Due: $ 0.00

PAYMENT TERMS & INSTRUCTIONS

Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Terms: Net [30] days. Late payments are subject to a monthly interest charge of [X%].

I hereby certify that the above services have been performed in accordance with the professional services agreement.

Signature: _____ Date: _____