

BIM DESIGN INVOICE

[Your Company Name]
[Address Line 1]
[Email / Phone]

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

Client:
[Client Name]
[Project Name]
[Client Address]

Project Reference:
[BIM Level / LOD Specification]
[Contract Number]

DESCRIPTION OF SERVICES	LOD	QUANTITY/HOURS	RATE	AMOUNT
Architectural BIM Modeling	[300]	[0.00]	[0.00]	[0.00]
Clash Detection & Coordination	-	[0.00]	[0.00]	[0.00]
Parametric Family Creation	[400]	[0.00]	[0.00]	[0.00]
Construction Documentation Extraction	-	[0.00]	[0.00]	[0.00]

Subtotal: \$[0.00]

Tax ([0] %): \$[0.00]

Total: \$[0.00]

Payment Terms: [Net 30 / Upon Receipt]

Bank Details: [Bank Name] | **IBAN:** [0000 0000 0000]

Notes: Digital deliverables provided via [Cloud Platform/Common Data Environment].