DRONE SERVICES INVOICE

DRONE OPERATOR

Business name _____

Address _____

Phone / email _____

Pilot certificate no. _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

PO no. _____

BILL TO (CLIENT)

Company _____ Email _____

Contact _____

Address _____

PROJECT AND SITE

Project _____

Site address _____

Flight dates _____ Pilot _____

Usage rights _____

FLIGHT DAYS

Item	Details	Qty	Unit	Rate	Amount

Flight days subtotal

DELIVERABLES

Item	Details	Qty	Unit	Rate	Amount

Deliverables subtotal

PROCESSING

Item	Details	Qty	Unit	Rate	Amount

Processing subtotal

TRAVEL

Item	Details	Qty	Unit	Rate	Amount

Travel subtotal

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

PROJECT NOTES

_____

_____

Please quote the invoice and PO numbers with your payment.

Subtotal	
Sales tax, if applicable (_____%)	
Amount due	