INVOICE

[Engineering Firm Name]
[Street Address]
[City, State, Zip]
[License Number]

Invoice #: _____
Date: _____
Due Date: _____

CLIENT:

[Client Name]
[Project Name/Site Address]
[Contact Email/Phone]

PROJECT REF:

[Project Number]
[PO Number]

Service Description / Task	Rate/Hr	Units/Hrs	Total
[Phase 1: Preliminary Design & Site Analysis]	$0.00	0.0	$0.00
[Phase 2: Structural Calculations & Drafting]	$0.00	0.0	$0.00
[Reimbursable Expenses: Printing/Permits]	-	-	$0.00

Subtotal: $0.00
Tax (___%): $0.00

Total Balance: $0.00

Payment Terms: Net 30. Please make checks payable to "[Engineering Firm Name]".

Notes: All engineering documents remain the property of the firm until full payment is received.