

ENVIRONMENTAL CONSULTING

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: _____

Date: _____

Project ID: _____

Client:

[Client Name]

[Company Name]

[Address]

Site / Property:

[Site Name/Address]

[Phase I/II/ESA Reference]

Description of Services (Report/Assessment)	Hours/Units	Rate	Total
Site Inspection & Data Collection			
Laboratory Analysis (Soil/Water/Air)			
Environmental Impact Report Preparation			
Regulatory Compliance Review			
Disbursements/Travel			

Subtotal: \$ _____

Tax: \$ _____

Grand Total: \$ _____

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].

Notes: All findings are subject to the limitations stated in the attached Environmental Report.