

LANDSCAPE DESIGN CO.

123 Garden Lane
Arbor City, ST 54321
contact@landscapedesign.com

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

CLIENT INFORMATION

Name: _____
Address: _____
City, State: _____
Phone: _____

PROJECT DETAILS

Site Address: _____
Consultant: _____
Project Ref: _____

Description of Services	Hours/Qty	Rate	Amount
Initial Site Analysis & Consultation		\$	\$
Conceptual Landscape Sketching		\$	\$
Planting Plan & Material Selection		\$	\$
Soil Testing / Drainage Assessment		\$	\$

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Payment Instructions: Please make checks payable to *Landscape Design Co.* or pay via bank transfer. Thank you for your business!