

[AGRICULTURAL ENGINEERING FIRM]

INVOICE

[000000]
Date: [MM/DD/YYYY]

ENGINEER INFORMATION

[Company Name]
[Street Address]
[City, State, Zip]
[License No: #####]

CLIENT / FARM INFORMATION

[Client Name]
[Farm Name/Site ID]
[Billing Address]
[City, State, Zip]

ASSESSMENT SITE DETAILS

Project Location: [Coordinates / Parcel Number]
Assessment Type: [e.g., Soil Analysis / Drainage Planning / Irrigation Audit]

| Service Description | Quantity / Hrs | Unit Price | Total |
|------------------------------------------|----------------|------------|------------|
| Site Reconnaissance & Topographic Survey | [0.00] | [\$[0.00]] | [\$[0.00]] |
| Soil Compaction & Percolation Testing | [0.00] | [\$[0.00]] | [\$[0.00]] |

| Service Description | Quantity / Hrs | Unit Price | Total |
|-----------------------------------------|-----------------------|-------------------|--------------|
| Agricultural Drainage System Analysis | [0.00] | [\$0.00] | [\$0.00] |
| Environmental Impact Report Preparation | [1.00] | [\$0.00] | [\$0.00] |

Subtotal: \$[0.00]

Tax: \$[0.00]

Amount Due: \$[0.00]

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

Notes: Site assessment findings are valid for 180 days from the date of inspection.