

# LAB PHASE INVOICE

[Chemical Engineering Firm Name]  
[Laboratory License Number]  
[Contact Information]

**Invoice #:** [00000]  
**Date:** [MM/DD/YYYY]  
**Project ID:** [PID-000]

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## CLIENT BILLING

[Client Name]  
[Department/Division]  
[Address]  
[City, State, Zip]

## PROJECT PHASE DETAILS

**Phase Name:** [e.g., Pilot Scale Synthesis]  
**Lead Engineer:** [Name]  
**Start Date:** [Date]  
**End Date:** [Date]

Description of Services/Materials	Unit/Hrs	Rate	Amount
Reagent & Chemical Feedstock Consumption	[0.0]	[0.00]	[0.00]
Analytical Laboratory Testing (GC/HPLC/SEM)	[0.0]	[0.00]	[0.00]
Process Engineering Labor - Lab Phase	[0.0]	[0.00]	[0.00]

Description of Services/Materials	Unit/Hrs	Rate	Amount
Equipment Bench Rental & Utilities	[0.0]	[0.00]	[0.00]
Hazardous Waste Disposal Fees	[0.0]	[0.00]	[0.00]
<b>Subtotal: \$[0.00]</b> <b>Tax/Overhead: \$[0.00]</b> <b>Total Amount Due: \$[0.00]</b>			

**Payment Terms:** Net [30] Days. Please include Project ID on all transfers.

Notes: Technical validation report for this phase is attached to this invoice. All chemical assays conducted under ISO standards.