

EPCM INVOICE

Project No: _____

[Company Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT Number]

CLIENT:
[Client Name]
[Project Name]
[Client Address]

Invoice #: [00000]
Date: [YYYY-MM-DD]
Billing Period: [Start] - [End]
Payment Terms: [Net 30]

| SERVICE CATEGORY | DESCRIPTION / MILESTONE | HOURS / QTY | RATE | TOTAL |
|--------------------------|---|-------------|------|-------|
| Engineering | Front-End Engineering Design (FEED) / Detail Design | | | |
| Procurement | Vendor Management & Technical Bid Evaluation | | | |
| Construction Mgmt | Site Supervision & HSE Management | | | |
| Reimbursables | Travel, Logistical Expenses, Permitting Fees | | | |

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

Total Due: \$0.00

Bank Details:

Bank Name: [Name]

SWIFT/BIC: [Code]

Account Number: [Number]

Certified by Project Manager: _____ Date: _____

Thank you for your business.