[BUSINESS NAME]

[Address Line 1]
[City, State, Zip]
[Phone Number] | [Email/Website]

INVOICE

Invoice #: [000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[City, State, Zip]
[Project Location/Name]

SERVICE DETAILS:

Consultation Type: [e.g., On-site / Virtual]
Architect: [Name]
PO Number: [Optional]

Description of Design Services	Hours/Qty	Rate	Amount
Initial Site Analysis & Consultation	[0.0]	$[0.00]	$[0.00]
Conceptual Landscape Sketching	[0.0]	$[0.00]	$[0.00]
Planting Plan & Material Selection	[0.0]	$[0.00]	$[0.00]

Description of Design Services	Hours/Qty	Rate	Amount
Reimbursable Expenses (Printing/Travel)	[1]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]
Total Amount: $[0.00]

Payment Terms: [e.g., Payable upon receipt via Check or Bank Transfer]

Notes: Thank you for the opportunity to consult on your landscape project. Please contact us with any questions regarding this design invoice.