

# INVOICE

**Consultant:** [Your Company Name]  
[License Number]  
[Street Address, City, State, ZIP]

**Invoice #:** [00000]  
**Date:** [MM/DD/YYYY]  
**Due Date:** [MM/DD/YYYY]

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## CLIENT / PROJECT OWNER

[Client Name]  
[Company Name]  
[Address]

## PROJECT DETAILS

**Project Name:** [Project Title]  
**Site Address:** [Construction Site Location]  
**Project ID:** [Reference Code]

Description of Services / Phase	Hours/Qty	Rate/Price	Total
Pre-Construction Planning & Scheduling	0.00	\$0.00	\$0.00
Site Supervision & Quality Control	0.00	\$0.00	\$0.00
Vendor & Subcontractor Coordination	0.00	\$0.00	\$0.00
Reimbursable Expenses (Permits, Travel, etc.)	1	\$0.00	\$0.00

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Subtotal: \$0.00

Tax (0%): \$0.00

Total Amount Due: \$0.00

**PAYMENT INSTRUCTIONS**

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Please make checks payable to **[Your Company Name]**.

Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Terms: Net [30] Days. Late payments are subject to a [1.5%] monthly interest charge.