

# BIODIVERSITY CONSERVATION SERVICES

[Business Address Line 1]  
[City, State, Zip]  
[Email / Phone]

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

### Client:

[Client Name / Organization]  
[Address Line 1]  
[City, State, Zip]

### Project:

[Project Name/Reference]  
[Site Location]

Description of Conservation Services	Quantity / Hours	Rate	Amount
Ecological Survey & Habitat Mapping			
Species Protection Plan Development			
Invasive Species Management			
Biodiversity Net Gain (BNG) Assessment			

Subtotal:\$0.00  
Tax:\$0.00

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**Total Due:\$0.00**

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**Payment Terms:** Net 30 Days. Please make checks payable to "Biodiversity Conservation Services".

**Notes:** Thank you for investing in environmental stewardship and ecosystem restoration.