

INVOICE

[Environmental Consulting Firm Name]
[Street Address]
[City, State, Zip]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Audit Period: [Date Range]

BILL TO

[Client Company Name]
[Contact Person]
[Client Address]
[City, State, Zip]

PROJECT DETAILS

Facility Site: [Site Name/ID]
Audit Type: [EPA / ISO 14001 / Regulatory]
Due Date: [MM/DD/YYYY]

Description of Audit Services	Quantity/Hours	Rate	Amount
On-site Facility Inspection & Data Collection	0.0	\$0.00	\$0.00
Regulatory Compliance Review (Air, Water, Waste)	0.0	\$0.00	\$0.00
Environmental Management System (EMS) Assessment	0.0	\$0.00	\$0.00

Description of Audit Services	Quantity/Hours	Rate	Amount
Final Audit Reporting & Corrective Action Plan	1.0	\$0.00	\$0.00
Laboratory Analysis / Permitting Fees (Reimbursable)	-	-	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total Due: \$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Consulting Firm Name]**.
Wire Transfer: Bank [Name] | Account [Number] | Routing [Number]

Thank you for your commitment to environmental stewardship.