

LEED CONSULTING SERVICES

[Consultant Name/Firm]
[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE # [0000]
DATE: [Date]
PROJECT ID: [LEED Online ID]

BILL TO

[Client Name]
[Company Name]
[Street Address]
[City, State, Zip]

PROJECT DETAILS

Project: [Building Name]
Rating System: [e.g., BD+C: New Construction]
Target Level: [Certified/Silver/Gold/Platinum]

Description of Services (Phase/Credit)	Quantity/Hours	Rate	Total
LEED Project Registration & Documentation Management			\$0.00
Energy Modeling & ASHRAE 90.1 Analysis			\$0.00
Fundamental Commissioning (Cx) Services			\$0.00
Material Ingredient & EPD Tracking			\$0.00

Description of Services (Phase/Credit)	Quantity/Hours	Rate	Total
Indoor Air Quality Testing / Management Plan			\$0.00

Subtotal: \$0.00

Reimbursable Expenses (GBCI Fees): \$0.00

Total Balance Due: \$0.00

Payment Terms: Net 30 Days. Please make checks payable to "[Consultant Name]".

Note: GBCI Certification review fees are pass-through costs unless otherwise noted.