PROPERTY VALUATION CONSULTING

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

INVOICE

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Client Name]
[Client Address]
[Client Contact Info]

PROPERTY SUBJECT:

[Property Address/APN]
[Property Type]

Description of Services	Quantity/Hours	Rate	Total
Market Value Analysis & Appraisal Report			
Site Inspection & Data Collection			
Consultation / Expert Witness Fee			
Administrative / Filing Fees			

Subtotal: $_____

Tax/VAT: $_____

Total Amount Due: $_____

Payment Instructions: [Bank Name / Account Number / Check Payable To]

Terms: Standard 30-day payment term applies unless otherwise agreed. Late payments may be subject to a monthly interest fee of [X]%. Thank you for your business.