

# CONSULTING INVOICE

[Engineering Firm Name]  
[License Number / PE Stamp Info]  
[Business Address]

**Invoice #:** [0000]  
**Date:** [DD/MM/YYYY]  
**Project ID:** [PROJ-000]

## CLIENT

[Client Name]  
[Company Name]  
[Billing Address]

## PROJECT LOCATION

[Site Address / Parcel Info]  
[City, State, Zip]

DESCRIPTION OF SERVICES / PHASE	HOURS / QTY	RATE (\$)	AMOUNT (\$)
[e.g., Structural Analysis & Calculation]	[0.00]	[0.00]	[0.00]
[e.g., Site Grading Plan Development]	[0.00]	[0.00]	[0.00]
[e.g., Permit Coordination & Agency Review]	[0.00]	[0.00]	[0.00]
[e.g., Reimbursable Expenses: Printing/Travel]	[1]	[0.00]	[0.00]

Subtotal: *\$0.00*  
Tax / Fees: *\$0.00*  
Total Due: *\$0.00*

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**Payment Terms:** Net *[30]* days. Please make checks payable to *[Engineering Firm Name]*.

**Wire Transfer / ACH:** *[Bank Name / Routing / Account]*

Thank you for your business.