

INVOICE

[Engineering Firm Name]
[Street Address]
[City, State, Zip]
[License Number]

INVOICE #
[00000]

DATE
[MM/DD/YYYY]

BILL TO:

[Client Name]
[Client Address]
[Contact Email]

PROJECT/SITE INFO:

[Project Name/Reference]
[Site Visit Address]
[Visit Date]

Description of Services	Quantity/Hrs	Rate	Amount
On-Site Engineering Inspection	[0.0]	[\$0.00]	[\$0.00]
Travel / Mobilization Fee	[0.0]	[\$0.00]	[\$0.00]
Technical Report Preparation	[0.0]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]

Tax: \$[0.00]

Total Amount Due: \$[0.00]

Notes / Payment Instructions:

Please include the invoice number with your payment. Terms: Net [30] days. Checks payable to [Firm Name].