

# GEOTECHNICAL CONSULTING

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

## INVOICE

Invoice #: [0000]  
Date: [Date]  
Project ID: [Project-000]

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### BILL TO:

[Client Name / Company]  
[Attention To]  
[Client Address]  
[City, State, Zip]

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### PROJECT DETAILS:

**Site:** [Project Name / Site Address]  
**Phase:** [e.g., Subsurface Investigation]  
**PO #:** [Purchase Order Number]

Description of Services	Quantity / Hours	Unit Price	Amount
<b>Professional Services:</b> Senior Geotechnical Engineer - Report Review	[0.0] hr	[\$[0.00]]	[\$[0.00]]
<b>Field Work:</b> Soil Boring & Standard Penetration Testing (SPT)	[0.0] day	[\$[0.00]]	[\$[0.00]]

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Description of Services	Quantity / Hours	Unit Price	Amount
<b>Laboratory Testing:</b> Atterberg Limits & Sieve Analysis	[0] units	[\$[0.00]]	[\$[0.00]]
<b>Expenses:</b> Equipment Rental & Mobilization	[1]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]  
Tax: \$[0.00]  
Balance Due: \$[0.00]

**PAYMENT TERMS & NOTES**

Please make checks payable to [Company Name]. Payment is due within [30] days. Late payments may be subject to a [1.5%] monthly finance charge.

Thank you for your business.