

INVOICE

[Firm Name]
[Address Line 1]
[City, State, Zip]
[License Number]

Invoice #: _____
Date: _____
Project #: _____

Client:

[Client Name]
[Company Name]
[Address]
[Email/Phone]

Project Site:

[Project Name/Phase]
[Site Address]
[Parcel/APN]

| Description of Engineering Services | Hours / Qty | Rate | Amount |
|--|-------------|------|--------|
| Site Inspection & Field Measurement | | | |
| Structural Analysis & Calculations | | | |
| Drafting / Construction Documents | | | |
| Reimbursable Expenses (Permits/Printing) | | | |

| Description of Engineering Services | Hours / Qty | Rate | Amount |
|-------------------------------------|-------------|------|--------|
|-------------------------------------|-------------|------|--------|

Subtotal: \$ _____

Tax (if applicable): \$ _____

Total Due: \$ _____

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

Notes: Professional services rendered in accordance with the signed Structural Engineering Agreement dated _____.