CIVIL ENGINEERING MANAGEMENT

[Your Company Name]
[Street Address]
[City, State, Zip]
[License Number: PE-000000]

INVOICE

Invoice #: _____
Date: _____
Project ID: _____

BILL TO

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

PROJECT DETAILS

Site: [Project Name/Location]
Phase: [e.g., Construction Oversight]
Period: [Start Date] - [End Date]

Service Description / Milestone	Units/Hours	Rate ($)	Total ($)
Site Inspections & Structural Assessment			
Project Management & Contractor Coordination			
Technical Documentation & Reporting			

Service Description / Milestone	Units/Hours	Rate ($)	Total ($)
Reimbursable Expenses (Permits/Testing)			

Subtotal: $ _____
Tax/VAT: $ _____
Grand Total: $ _____

Payment Terms: Net 30 Days. Please make checks payable to **[Your Company Name]**.

For electronic fund transfers (EFT), please use: Bank: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your business.