INVOICE

[Consulting Firm Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Project ID: [Project Name/Ref]

Bill To:

[Client Name]
[Construction Company Name]
[Client Address]
[City, State, Zip]

Payment Terms:

Due Date: [MM/DD/YYYY]
Method: [Check/Wire/ACH]

Service Description	Hours/Qty	Rate	Amount
Site Safety Risk Assessment - [Phase]	[0.00]	$[0.00]	$[0.00]
Contractual Liability Review	[0.00]	$[0.00]	$[0.00]
Insurance Compliance Monitoring	[0.00]	$[0.00]	$[0.00]

Service Description	Hours/Qty	Rate	Amount
Reimbursable Expenses (Travel/Reports)	[1]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax ([0]%): $[0.00]

Total Balance Due: $[0.00]

Notes: Please include invoice number with your payment. Thank you for your business.