[CONSULTING FIRM NAME]

[Street Address]
[City, State, Zip]
[Email / Phone]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Project ID: [Project-123]

CLIENT / BILLING

[Client Company Name]
[Attn: Contact Person]
[Street Address]
[City, State, Zip]

PROJECT DETAILS

[Project Name/Site]
[Site Address]
[Phase: Pre-Construction/Execution]

Description of Services / Milestone	Qty/Hrs	Rate	Amount
[Service Description: e.g., Site Inspections & Compliance]	[0.0]	$[0.00]	$[0.00]
[Service Description: e.g., Budget Planning & Estimating]	[0.0]	$[0.00]	$[0.00]

Description of Services / Milestone	Qty/Hrs	Rate	Amount
[Service Description: e.g., Contractor Coordination]	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]
Total Due: $[0.00]

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

Notes: [Insert specialized construction management licensing or insurance bonding info here if required.]