INVOICE

[Consultant Name/Firm]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Invoice #: [000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:
[Client Name]
[Company Name]
[Client Address]
Project Details:
Project Name: [Project Name]
Project ID: [ID-000]
Reporting Period: [Start] - [End]

Description of Scheduling Services	Hours/Qty	Rate	Amount
Baseline Schedule Development (CPM)			
Weekly Progress Update & Narrative			
Delay Claim Analysis / TIA			
Resource Loading & Optimization			

Subtotal: $0.00
Tax (0%): $0.00

Total Amount Due: $0.00

Payment Terms: Net [30] days. Please make checks payable to [Consultant Name].
Wire Transfer: Bank: [Name] | Account: [Number] | Routing: [Number]

Thank you for your business.