# [ENVIRONMENTAL CONSULTING FIRM NAME]

# INVOICE

Invoice #: [00000]
Date: [Date]

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**CONSULTANT**

[Your Name/Company]
[Street Address]
[City, State, Zip]
[Email/Phone]

**CLIENT**

[Client Name]
[Project Name/Site ID]
[Street Address]
[City, State, Zip]

| Service Description | Hours/Qty | Rate | Total |
|---|---|---|---|
| Phase I Environmental Site Assessment | - | - | $0.00 |
| Soil & Groundwater Sampling (Field Hours) | - | - | $0.00 |

| Service Description | Hours/Qty | Rate | Total |
|---|---|---|---|
| Regulatory Compliance Reporting | - | - | $0.00 |
| Laboratory Analysis Fees (Reimbursable) | - | - | $0.00 |

Subtotal: $0.00
Tax/VAT: $0.00
Amount Due: $0.00

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

Thank you for choosing us for your environmental stewardship and compliance needs.