

INVOICE

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

INVOICE #: [0000]
DATE: [Date]
PROJECT ID: [Project Number]

CLIENT:

[Client Name]
[Attention To]
[Client Address]
[City, State, Zip]

PROJECT SITE:

[Project Name/Site Name]
[Site Address]

Description of Services (Fixed Fee)	Amount
[Phase/Task Name, e.g., Phase I Environmental Site Assessment]	\$0.00
[Phase/Task Name, e.g., Soil Vapor Sampling Report]	\$0.00
[Reimbursable Expenses, if applicable]	\$0.00

Subtotal: \$0.00
Tax (if applicable): \$0.00
Total Amount Due: \$0.00

PAYMENT INSTRUCTIONS:

Please remit payment within [Number] days.
Checks payable to: [Consulting Firm Name]
Wire/ACH: [Bank Details if applicable]

Thank you for your business.

Terms and Conditions: [Brief statement on interest for late payments]