

INVOICE

Project: [Project Name/Phase]
Location: [City/District/Parcel]

Date: [MM/DD/YYYY]
Invoice #: [00001]

From:
[Planning Firm Name]
[Address Line 1]
[Email/Phone]

Bill To:
[Client Name/Agency]
[Department/Contact]
[Billing Address]

| SERVICE DESCRIPTION | UNITS/HOURS | RATE | AMOUNT |
|---|-------------|------------|------------|
| Zoning Analysis & Site Assessment | [0.00] | [\$[0.00]] | [\$[0.00]] |
| Drafting: Conceptual Master Plan | [0.00] | [\$[0.00]] | [\$[0.00]] |
| Environmental Impact Study (Coordination) | [0.00] | [\$[0.00]] | [\$[0.00]] |
| Public Consultation / Hearing Representation | [0.00] | [\$[0.00]] | [\$[0.00]] |

Subtotal: \$[0.00]
Tax/VAT: \$[0.00]
Total Due: \$[0.00]

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

Notes: Detailed progress report for this billing cycle is attached to this invoice.