

INVOICE

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

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:
[Client Company Name]
[Contact Person]
[Client Address]
Project Reference:
[Project Name/Site ID]
[Permit Number]

Description of Environmental Services	Hours/Qty	Rate	Amount
Phase I Environmental Site Assessment	-	-	\$0.00
Soil Sampling & Laboratory Analysis	-	-	\$0.00
Regulatory Compliance Reporting	-	-	\$0.00
On-site Mitigation Oversight	-	-	\$0.00
Subtotal: \$0.00			
Tax/VAT: \$0.00			

Total Amount Due: \$0.00

Payment Terms: Net 30 days. Please make checks payable to "[Your Name]".

Notes: Thank you for your commitment to environmental sustainability.