

INVOICE

[Consultancy Name]
[Engineering License #]
[Street Address]
[City, State, Zip]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Project ID: [Project-Ref-00]

BILL TO:

[Client Company Name]
[Contact Name]
[Client Address]
[City, State, Zip]

PROJECT LOCATION:
[Project Name/Site Address]

DESCRIPTION OF SERVICES / PHASE	HOURS/QTY	RATE	AMOUNT
Structural Analysis & Design Review	0.00	\$0.00	\$0.00
On-site Construction Inspection	0.00	\$0.00	\$0.00
Reimbursable Expenses (Permits/Prints)	1.00	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

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

Notes: Professional engineering services rendered for the period of [Start Date] to [End Date].