

# INVOICE

Site Preparation Services

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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## SERVICE PROVIDER

[Company Name]

[Street Address]

[City, State, Zip]

[License #]

## BILL TO

[Client Name]

[Project Address]

[Phone/Email]

Description of Work	Quantity/Hours	Rate	Total
Land Clearing & Grubbing			
Excavation & Rough Grading			
Debris Removal & Hauling			
Soil Stabilization / Compaction			
Erosion Control Installation			

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

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

**Notes:** All site work performed according to permit specifications.