

LANDSCAPE CONSULTATION

[Your Company Name]
[Address Line 1]
[Phone Number]

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

Client:

[Client Name]
[Site Address]
[Email Address]

Project:

[Garden Name / Reference]

Service Description	Hours/Qty	Rate	Amount
Initial Site Analysis & Soil Testing			
Conceptual Landscape Design Consultation			
Plant Palette & Material Selection			
Travel / Site Visit Fee			
			Subtotal: \$0.00

Tax: \$0.00

Grand Total: \$0.00

Terms: Payment is due within 15 days. Please make checks payable to [Company Name].

Thank you for choosing us to help your garden grow.