

# INVOICE

**[Designer Name/Firm]**

[Address Line 1]  
[Phone Number]  
[Email Address]

**Invoice #:** [000]  
**Date:** [MM/DD/YYYY]  
**Due Date:** [MM/DD/YYYY]

**Bill To:**

[Client Name]  
[Property Address]  
[City, State, Zip]  
**Project Location:**  
[Site Name/Reference]  
[Phase of Work]

SERVICE DESCRIPTION	RATE / UNIT	QTY / HOURS	AMOUNT
Initial Site Analysis & Soil Testing	\$0.00	0	\$0.00
Landscape Conceptual Design Plan	\$0.00	0	\$0.00
Horticultural Consultation & Plant Selection	\$0.00	0	\$0.00
Project Management & Contractor Oversight	\$0.00	0	\$0.00

Subtotal: \$0.00  
Tax: \$0.00  
Total Due: \$0.00

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**Payment Terms:**

Please make checks payable to [Firm Name]. Net 30 days.  
Thank you for the opportunity to design your outdoor space.