

INVOICE

[Agency/Company Name]
[Street Address]
[City, State, Zip]

Date: _____
Invoice #: _____
Project ID: _____

BILL TO (MUNICIPALITY/DEPARTMENT):

[Contact Person/Department]
[Municipal Entity Name]
[Address]
[Tax ID/Reference]

PROJECT SITE LOCATION:

[Park Name/Public Space]
[Site Address]
[Lot/Block Number]

Service Description	Hours/Qty	Rate/Unit	Amount
Site Analysis & Land Surveying			\$ 0.00
Conceptual Design & Master Planning			\$ 0.00
Planting Plans & Irrigation Layout			\$ 0.00
Environmental Impact Assessment			\$ 0.00
Contract Administration & Site Visits			\$ 0.00

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

PAYMENT TERMS & NOTES:

Net 30. Please include Project ID on all remittances. Checks payable to [Company Name].

Thank you for your commitment to public green spaces.