

# [LANDSCAPE FIRM NAME]

PROFESSIONAL DESIGN & PLANNING

## INVOICE

# [0000]  
Date: [Date]

**Client:**

[Client Name]  
[Property Address]  
[City, State, Zip]

**Project Details:**

Project: [Project Name/Phase]  
Site ID: [Lot/Parcel Number]  
Due Date: [Date]

Service Description	Rate/Unit	Qty/Hrs	Total
Initial Site Survey & Topographical Mapping	\$0.00	0	\$0.00
Conceptual Landscape Design & Layout	\$0.00	0	\$0.00
Final Technical Site Plan (CAD)	\$0.00	0	\$0.00
Drainage & Irrigation Planning	\$0.00	0	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00

**Total Balance Due: \$0.00**

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**Notes & Payment Terms:**

Please make checks payable to [Company Name]. Payments are due within 30 days of invoice date. Late fees of 1.5% may apply to overdue balances.

*Thank you for your business.*