

URBAN GARDEN DESIGN

123 Greenway Ave, Suite 4
Metropolis, NY 10001

Invoice #: _____

Date: _____

Due Date: _____

BILL TO

PROJECT SITE

Service Description	Hours/Qty	Rate	Total
Site Consultation & Analysis			
Landscape Concept Design			
Planting Plan & Softscape Selection			
Irrigation & Lighting Layout			

Service Description

Hours/Qty

Rate

Total

Installation Supervision

Subtotal: \$ _____

Tax (____%): \$ _____

Amount Due: \$ _____

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to **Urban Garden Design**.

Direct Bank Transfer: Account No: _____ / Routing: _____

Thank you for choosing us to green your space.