

INVOICE

[Business Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

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

JOB SITE / PROJECT

[Project Name/Location]
CTL Model: _____
Attachments: _____

| Description of Services (Excavation/Grading/Hauling) | Qty/Hours | Rate | Total |
|---|-----------|------|-------|
| CTL Machine Hours (Incl. Operator) | | | |
| Mobilization / Delivery Fee | | | |
| Material: [e.g., Gravel, Fill Dirt, Base] | | | |
| Attachment Surcharge: [e.g., Auger, Mulcher, Breaker] | | | |
| | | | |

Subtotal: \$0.00
Tax: \$0.00

Balance Due: \$0.00

TERMS & NOTES

Please make checks payable to: **[Business Name]**

All excavation based on visual inspection. Hidden underground utilities or rock conditions may incur additional costs. Payment is due within [X] days.