

# INVOICE

[Business Name]  
[Address Line 1]  
[Phone Number]  
[Email/License #]

**Invoice #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Due Date:** \_\_\_\_\_

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## BILL TO:

[Client Name]  
[Project Address]  
[Phone/Email]

## PROJECT DETAILS:

**Site Location:** \_\_\_\_\_

**Permit #:** \_\_\_\_\_

Description (Depth, Width, Linear Ft)	Quantity	Unit Price	Total
Trenching Excavation			
Bedding / Sand Import			
Backfilling & Compaction			
Spoil Removal / Hauling			

Description (Depth, Width, Linear Ft)	Quantity	Unit Price	Total
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Equipment Mobilization

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**Total Amount: \$ \_\_\_\_\_**

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**Notes / Terms:**

Please make checks payable to: \_\_\_\_\_  
 Compaction testing reports attached if applicable. Payment is due within [Number] days.