[FIRM NAME]

Landscape Architecture & Site Planning
[Address Line 1]
[City, State, Zip]
[Phone Number] | [Email/Website]

INVOICE

Invoice #: [0000]
Date: [Date]
Project #: [Project ID]

CLIENT INFORMATION

[Client Name]
[Billing Address]
[City, State, Zip]
Attn: [Contact Person]

PROJECT SITE

[Project Name]
[Property Address/Location]
[Phase: e.g., Schematic Design]

Service Description	Hours / Qty	Rate	Total
[e.g., Site Analysis & Master Planning]	[0.00]	$[0.00]	$[0.00]
[e.g., Construction Documentation]	[0.00]	$[0.00]	$[0.00]

Service Description	Hours / Qty	Rate	Total
[e.g., Reimbursable Expenses: Printing/Travel]	[1.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax/Other: $[0.00]
Balance Due: $[0.00]

PAYMENT TERMS

Please make all checks payable to **[Firm Name]**. Net [30] days. Late payments may be subject to a [0.0%] monthly finance charge. For wire transfer instructions, please contact our office.

Thank you for the opportunity to design your landscape.