# INVOICE

[Company Name]
[Business Address]
[Phone / Email]

**Invoice #:** _____
**Date:** _____
**Project ID:** _____

**BILL TO**

[Client Name]
[Client Address]
[Client Contact]

**SITE LOCATION**

[Project Site Address]
[Lot/Parcel Number]

| Description of Service | Qty/Hrs | Rate | Total |
|---|---|---|---|
| Land Clearing / Grubbing | | | |
| Excavation & Grading | | | |
| Soil Testing / Surveying | | | |
| Debris Removal & Hauling | | | |

| Description of Service | Qty/Hrs | Rate | Total |
| --- | --- | --- | --- |
| Equipment Rental Fees | | | |

Subtotal: $0.00
Tax Rate: 0.00%
Grand Total: $0.00

**TERMS & NOTES**

Payment is due within [Number] days. Please make checks payable to [Company Name].