INVOICE

Business Name
123 Garden Lane
City, State, Zip
Phone: (555) 000-0000

Invoice #: _____
Date: _____
Project ID: _____

Bill To:
Name/Organization
Street Address
City, State, Zip

Description	Quantity/Hrs	Rate	Amount
Phase I: Preparation & Demolition			
Site clearing and debris removal			
Grading and soil preparation			
Phase II: Hardscaping & Infrastructure			
Retaining wall construction			
Irrigation system installation			
Phase III: Softscaping & Planting			

Description	Quantity/Hrs	Rate	Amount
Trees, shrubs, and perennials			
Sod installation / Mulching			

Subtotal: $ 0.00
Tax (___%): $ 0.00
Deposit Paid: ($ 0.00)

Total Balance Due: $ 0.00

Payment Terms: Due within ___ days. Please make checks payable to **[Business Name]**.

Thank you for your business!