

# LID PROJECT INVOICE

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

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

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**From:**

[Your Company Name]  
[LID Certification/License #]  
[Street Address]  
[City, State, Zip]

**Bill To:**

[Client Name]  
[Project Site Address]  
[City, State, Zip]

LID Feature / Service	Qty/Units	Rate	Total
Permeable Pavement Installation			
Bioretention / Rain Garden Soil Mix			
Native Vegetation / Xeriscaping			
Stormwater Management Consulting			

LID Feature / Service	Qty/Units	Rate	Total
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Erosion & Sediment Control (ESC)

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

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

**Total Balance Due: \$ \_\_\_\_\_**

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**Payment Terms:** Net 30 Days. Please make checks payable to [Company Name].

**Project Note:** All Low Impact Development features installed according to local environmental specifications and BMP standards.