INVOICE

[Consultant Name/Firm]
[Street Address]
[City, State, Zip]
[Email/Phone]

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

BILL TO

[Client Name]
[Company Name]
[Client Address]
[City, State, Zip]

PROJECT REFERENCE

[Project Title/Description]
[Phase Number]

Description of Engineering Services	Hours/Qty	Rate ($)	Amount ($)
[Service Title - e.g., Structural Design & Analysis]	[0.0]	[0.00]	[0.00]
[Service Title - e.g., Site Inspection & Reporting]	[0.0]	[0.00]	[0.00]
[Reimbursable Expenses - e.g., Permitting Fees]	[1.0]	[0.00]	[0.00]

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

Payment Terms: [e.g., Net 30 Days]. Please make checks payable to **[Consultant Name]**.

Wire Transfer / ACH: [Bank Name] | **Routing:** [ABA] | **Account:** [Number]

Thank you for your business.