INVOICE

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

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

BILL TO:

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

PROJECT DETAILS:

Project Name: [Project Title]
Project ID: [Reference Number]
Location: [Site Address]

Service Description	Hours / Qty	Rate	Total
Phase I Environmental Site Assessment	0.00	$0.00	$0.00
Soil & Groundwater Sampling / Laboratory Analysis	0.00	$0.00	$0.00
Regulatory Compliance Reporting	0.00	$0.00	$0.00

Service Description	Hours / Qty	Rate	Total
Site Remediation Oversight	0.00	$0.00	$0.00

Subtotal: $0.00
Tax/GST: $0.00
Total Amount: $0.00

Payment Terms: Net [30] Days. Please make checks payable to "[Your Consulting Firm Name]".

Notes: All environmental assessments are performed in accordance with ASTM standards where applicable.