

LANDSCAPE CONSULTANT

[Business Address Line 1]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

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

BILL TO:

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

PROJECT:

[Project Name/Location]
[Project Phase/Reference]

Description of Consultation Services	Hours/Qty	Rate	Total
Site Analysis & Assessment	[0.0]	[\$[0.00]]	[\$[0.00]]
Conceptual Landscape Design & Drafting	[0.0]	[\$[0.00]]	[\$[0.00]]
Planting Plan & Material Selection	[0.0]	[\$[0.00]]	[\$[0.00]]

Description of Consultation Services	Hours/Qty	Rate	Total
On-site Construction Supervision	[0.0]	[\$0.00]	[\$0.00]
			Subtotal: [\$0.00]
			Tax/Reimbursables: [\$0.00]
			Total Amount Due: [\$0.00]

PAYMENT INSTRUCTIONS & NOTES:

Please make checks payable to **[Business Name]**. For bank transfers, use: **[Routing/Account #]**. Payment is due within [X] days of invoice date. Thank you for your business!