**Bill To:**

Name of Organization:

Address:

Primary Phone:

Primary Contact:

Title:

Phone:

E-mail:

**Re: [PROJECT NAME]**

**Contract No. [CONTRACT NUMBER]**

**Contract Expiration Date: [DATE CONTRACT EXPIRES]**

**Professional Services for period ending [DATE]**

**Phase [NUMBER] [ACTIVITY, E.G. FINAL WATER RESOURCE ENGINEERING]**

**Professional Personnel**

**Hours Rate Amount**

**Principal/Engineer**

**Last Name, First Name X.XX $XXX.XX $XXX.XX**

**Totals X.XX $XXX.XX**

**Reimbursable Expenses**

**Mileage $XXX.XX**

**Total Reimbursables $XXX.XX**

**Total this Phase: $XXX.XX**

**Work Performed:**

**[DESCRIPTION OF WORK PERFORMED, E.G. 1 FIELD ASSESSMENT OF SOIL CONDITIONS COMPLETED AND 30% DESIGN PLANS DEVELOPED FOR BIOINFILTRATION BASINS]**

**Construction Expenses [BEGINNING DATE – END DATE]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Units** | **Unit Price** | **Contract Quantity** | **Quantity this Request** | **Amount This Request** |
| MOBILIZATION | LS | $X.XX | X | X | $X.XX |
| 8” PVC PIPE UNDERDRAIN | LF | $X.XX | XXXX | XX | $X.XX |
| 12” CATCH BASIN | EACH | $X.XX | XX | X | $X.XX |
| **Total** | | |  |  | $X.XX |

**[BILLING BACKUP ATTACHED]**

**Notes: [NOTES ABOUT WORK PERFORMED]**

Total Invoice: $X.XX

**Make All Checks Payable To:**

[ORGANIZATION NAME]

Attn: [DEPARTMENT OR INDIVIDUAL]

[ORGANIZATION ADDRESS]

**Balance Due: $X.XX**

Make checks payable to [Organization Name].

All invoices shall be payable by Customer in United States dollars and payment shall be due in full thirty (30) days after the invoice date.