

INVOICE

Pest Control Co.
123 Service Lane
City, State, ZIP

Invoice #: _____

Date: _____

Billed To:

Service Address:

Description of Treatment	Qty/Area	Rate	Amount
Initial Cockroach Inspection & Flush-out			
Gel Bait Application / Dusting			
Residual Perimeter Spray			
Follow-up Visit / Maintenance			

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Technician Notes & Chemicals Used:

Terms: Payment due within 15 days. Warranty period: _____ days.

Thank you for choosing our cockroach treatment services!