

# INVOICE

# [Invoice Number]

**[Company Name]**

[Phone Number]

[Email Address]

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**BILL TO:**

**[Client Name]**

[Service Address]

[City, State, Zip]

**SERVICE DETAILS:**

Date: [Date of Service]

Due Date: [Due Date]

Technician: [Name/ID]

Service Description	Frequency	Amount
Monthly Exterior Perimeter Spray & Barrier Treatment	Monthly	\$ 0.00
Interior Point-of-Entry Inspection & Treatment	Monthly	\$ 0.00
Bait Station Maintenance & Refill	Monthly	\$ 0.00
[Additional Service Item]	-	\$ 0.00

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Subtotal: \$ 0.00

Tax: \$ 0.00

Total Due: \$ 0.00

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**NOTES & OBSERVATIONS:**

[List any activity found or recommendations for the client here]

*Thank you for your business!*