

# INVOICE

**Mosquito Control Solutions**

123 Nature Way, Suite 100

Phone: (555) 010-9988

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

**Bill To:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Service Location:**

\_\_\_\_\_  
\_\_\_\_\_

Service Description	Acreage/Size	Unit Price	Total
Exterior Barrier Spray Application	_____	_____	_____
Larvicide Treatment (Standing Water)	_____	_____	_____
Special Event Fogging	_____	_____	_____
		Subtotal:	_____
		Tax:	_____
<b>Total Amount Due: \$</b>			_____

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**Service Notes:**

Product Used: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Technician Signature: \_\_\_\_\_

*Payment is due within 15 days. Please keep children and pets off treated areas until dry (approx. 30-60 mins).*