

# INVOICE

[Company Name]  
[Street Address]  
[City, State, Zip]  
[Phone Number]

INVOICE #: [0000]  
DATE: [MM/DD/YYYY]

## CLIENT INFORMATION:

[Customer Name]  
[Service Address]  
[City, State, Zip]  
[Phone / Email]

## SERVICE DETAILS:

Technician: [Name]  
Target Pests: [Mice/Rats/Other]  
Warranty: [Duration]

Service / Product Description	Qty/Hrs	Rate	Total
Initial Inspection & Entry Point Identification			
Exclusion Services (Sealing/Screening)			
Trapping & Baiting Station Setup			
Sanitation & Decontamination Treatment			

Subtotal: \$0.00

Tax: \$0.00

**Total Due: \$0.00**

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**Notes:** [Observation notes regarding sanitation, structural issues, or follow-up requirements.]

**Payment Terms:** Due within [X] days. Please make checks payable to [Company Name].