

# [Company Name]

[Street Address]  
[City, State, Zip]  
[Phone Number]  
[Email/Website]

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

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### BILL TO

[Client Name]  
[Client Address]  
[City, State, Zip]  
[Client Phone]

### SERVICE LOCATION (IF DIFFERENT)

[Site Address]  
[Lot/Area Reference]

Service Description	Hours/Qty	Rate	Total
Lawn Mowing, Edging, & Blowing			
Pruning & Hedge Trimming			
Fertilization / Weed Control			
Debris Removal			

Service Description	Hours/Qty	Rate	Total
Materials (Mulch, Soil, Plants)			

Subtotal: \$ \_\_\_\_\_  
Tax: \$ \_\_\_\_\_  
Amount Due: \$ \_\_\_\_\_

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**NOTES & PAYMENT INSTRUCTIONS**

Please make checks payable to: **[Company Name]**

Thank you for choosing us for your landscaping needs!