

# SOD INSTALLATION INVOICE

Company Name  
Address Line 1  
Phone / Email

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

## CLIENT INFORMATION

Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
\_\_\_\_\_

## PROJECT DETAILS

Grass Type: \_\_\_\_\_  
Area (Sq. Ft): \_\_\_\_\_  
Completion Date: \_\_\_\_\_

Description	Quantity	Unit Price	Total
Sod Pallets / Rolls			
Soil Prep & Grading			
Labor (Installation)			
Debris Removal / Disposal			

Description	Quantity	Unit Price	Total
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Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

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**Notes / Terms:**

Please make checks payable to \_\_\_\_\_.

Standard watering instructions provided at completion. Final payment due upon installation.