COMMERCIAL POOL CARE

123 Service Lane
Aquacity, ST 12345
Phone: (555) 010-9988

INVOICE

INV-001
Date: [Date]
Due Date: [Date]

CLIENT / FACILITY

[Client Name/Facility]
[Property Address]
[City, State, Zip]
Attn: [Property Manager Name]

SERVICE LOCATION

[Pool Name/ID]
[Specific Location Details]
Gate Access Code: [####]

Service Description	Frequency / Qty	Rate	Amount
Monthly Commercial Maintenance (Chemicals, Skimming, Vacuum)	1	$0.00	$0.00
Water Chemistry Analysis & Balancing (Chlorine/pH/Alkalinity)	1	$0.00	$0.00
Filter Backwash & Equipment Inspection	1	$0.00	$0.00

Service Description	Frequency / Qty	Rate	Amount
Additional Supplies: [Itemized Chemicals/Parts]	1	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Total: $0.00

Notes: All chemical levels within health department compliance at time of service. Next filter cleaning scheduled for [Date].

Payment Terms: Please make checks payable to Commercial Pool Care. Net 30 days.