INVOICE

[Pool Service Company Name]
[Street Address]
[Phone & Email]

Invoice #: [000]
Date: [Date]
Service Month: [Month, Year]

Bill To:

[Customer Name]
[Service Address]
[City, State, Zip]

Service Details:

Technician: [Name]
Day of Week: [Day]
Filter Type: [D.E. / Cartridge / Sand]

Description of Services	Qty/Visits	Rate	Amount
Monthly Maintenance Plan (Standard Cleaning)	[#]	$[0.00]	$[0.00]
Chemical Surcharge (Chlorine, Acid, Tabs)	1	$[0.00]	$[0.00]
Filter Wash / Specialty Chemicals	[#]	$[0.00]	$[0.00]
Additional Repairs/Parts: [Description]	1	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax: $[0.00]

Total Due: $[0.00]

Notes: [e.g., Water level was low, Added salt, Gate was locked]

Payment Terms: Due within [15] days. Please make checks payable to [Company Name].

Thank you for your business!