POOL MAINTENANCE INVOICE

Service Company Name
123 Blue Water Way
City, State, Zip

Invoice #: [0000]
Date: [MM/DD/YYYY]

BILL TO:
[Customer Name]
[Service Address]
[Phone/Email]
SERVICE DETAILS:
Pool Type: [Inground/Above Ground]
Sanitization: [Chlorine/Salt/Other]
Frequency: [Weekly/Bi-Weekly/One-time]

Service/Chemical Description	Quantity	Unit Price	Total
Standard Maintenance Visit (Skimming, Vacuuming, Brushing)		$	$
Chemical Balancing (Chlorine, Shock, Acid)		$	$
Filter Backwash/Cleaning Service		$	$
Equipment Inspection & Parts replacement		$	$

Subtotal: $_____

Tax: $_____

GRAND TOTAL: $_____

Water Quality Report:
PH Level: [ ] | Chlorine: [ ] | Alkalinity: [ ] | Stabilizer: [ ]

Notes: [Space for technician comments regarding equipment health or future repairs]

Payment Terms: Please remit payment within [15] days of invoice date.