POOL SERVICE INVOICE

Company Name: _____
Phone: _____

Date: _____
Invoice #: _____

Billed To:
Name: _____
Address: _____
_____
Service Address:
_____
Pool Type: [ ] Chlorine [ ] Salt

Water Test:
Free Chlorine: _____ ppm
pH Level: _____
Alkalinity: _____ ppm
Stabilizer: _____ ppm
Salt/TDS: _____ ppm

Chemical / Service Description	Quantity	Unit Price	Total
Liquid Chlorine / Shock Treatment	_____	$_____	$_____
Muriatic Acid / Dry Acid	_____	$_____	$_____
Soda Ash / Sodium Bicarbonate	_____	$_____	$_____
Algaecide / Clarifier	_____	$_____	$_____

Chemical / Service Description	Quantity	Unit Price	Total
Labor / Service Call Fee	1	$_____	$_____

Subtotal: $_____

Tax: $_____

GRAND TOTAL: $_____

Technician Notes:

Thank you for your business. Please pay within ____ days.