POOL SERVICE

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

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

Bill To:

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

Service Description	Date	Rate	Total
Standard Weekly Cleaning & Chemical Balance	[Date]	$0.00	$0.00
Filter Cleaning / Maintenance	[Date]	$0.00	$0.00
Chemical Surcharge (Chlorine/Shock/Acid)	-	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Balance Due: $0.00

Notes: [e.g., Water levels were low, added 2 inches. Next service scheduled for MM/DD.]

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