POOL SERVICE CO.

[Business Address]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Client Name]
[Billing Address]
[Phone Number]

SERVICE LOCATION:

[Address/Gate Code]
Pool Type: [Chlorine/Salt/Other]

Service/Part Description	Qty/Hrs	Rate	Total
Monthly Maintenance / Weekly Visit		$	$
Chemicals (Chlorine, Acid, Shock, etc.)		$	$
Filter Cleaning / Replacement		$	$
Equipment Repair/Labor		$	$

Service/Part Description	Qty/Hrs	Rate	Total

Subtotal: $_____
Tax: $_____

TOTAL DUE: $_____

Technician Notes:

[Water Chemistry: pH ____ | Chlorine ____ | Alkalinity ____ | Salt ____]

Special Instructions/Observations: _____

Thank you for your business! Please make checks payable to: [Business Name]