POOL SERVICE CO.

123 Crystal Lake Drive
City, State, Zip
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

_____
_____
_____

SERVICE ADDRESS:

_____
_____

Description of Services / Materials	Qty	Rate	Amount
Monthly Maintenance (Chemicals & Cleaning)			
Filter Cleaning / Backwash			
Equipment Repair / Parts: _____			

Description of Services / Materials	Qty	Rate	Amount
Special Treatment (Algaecide/Shock)			

Subtotal: $ _____
Tax: $ _____

TOTAL DUE: $ _____

Notes / Payment Instructions:

Please make checks payable to **Pool Service Co.**
Thank you for your business! Your pool was serviced today by: _____