POOL SERVICE CO.

123 Blue Wave Way
Aquacity, ST 12345

INVOICE

Date: _____
Invoice #: _____

BILL TO:

_____
_____
_____

SERVICE LOCATION:

_____
_____

Service Description	Quantity	Rate	Total
Seasonal Opening / Closing Fee			
Chemical Treatment (Chlorine, Shock, Algaecide)			
Filter Cleaning / Sand Replacement			
Equipment Inspection & Maintenance			
Vacuuming & Surface Skimming			

Subtotal: $_____

Tax: $_____

Grand Total: $_____

Notes / Water Analysis Results:

pH: _____ | Alkalinity: _____ | Chlorine: _____ | Stabilizer: _____

Payment is due within 15 days of service. Thank you for your business!