INVOICE

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

[Pool Business Name]
[Street Address]
[City, State, Zip]
[Phone Number]
[Email Address]

BILL TO:
[Customer Name]
[Service Address]
[City, State, Zip]
[Phone Number]
SERVICE PERIOD:
[Start Date] to [End Date]
PAYMENT DUE:
[Upon Receipt / Date]

Description of Service / Chemicals	Qty/Hrs	Rate	Total
Monthly Maintenance (Cleaning, Brushing, Skimming)	-	$0.00	$0.00
Liquid Chlorine / Shock Treatment	-	$0.00	$0.00
Muriatic Acid / PH Balance	-	$0.00	$0.00
Filter Cleaning / Cartridge Inspection	-	$0.00	$0.00

Description of Service / Chemicals	Qty/Hrs	Rate	Total
[Additional Repair or Part]	-	$0.00	$0.00

Subtotal: $0.00
Sales Tax (0%): $0.00

Amount Due: $0.00

Notes: [Insert notes regarding equipment health or chemical levels here]

Please make checks payable to **[Pool Business Name]**. Thank you for your business!