INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

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

BILL TO:
[Customer Name]
[Service Address]
[City, State, Zip]
[Phone]
SERVICE PERIOD:
[Start Date] to [End Date]

Date	Service Description / Chemicals Used	Qty/Hrs	Rate	Amount
[Date]	Weekly Maintenance (Skim, Brush, Vacuum, Filter Check)	1	$0.00	$0.00
[Date]	Chemicals: Liquid Chlorine / Tabs	[Qty]	$0.00	$0.00
[Date]	Chemicals: Muriatic Acid / Shock	[Qty]	$0.00	$0.00
[Date]	Other: [Repair/Part/Filter Clean]	1	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total Amount Due: $0.00

Notes:
[Water chemistry readings: pH: ___, Chlorine: ___ ppm, Alkalinity: ___ ppm]
[Technician comments or equipment warnings]

Thank you for your business!