

# SERVICE INVOICE

Landscaping Maintenance

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Agreement ID:** \_\_\_\_\_

## SERVICE PROVIDER

**[Business Name]**

[Address Line 1]

[City, State, Zip]

[Phone Number]

## BILL TO

**[Client Name]**

[Property Address]

[City, State, Zip]

[Email Address]

Service Description	Date	Hours/Qty	Rate	Total
Lawn Mowing & Edging				
Shrub Trimming & Pruning				
Weed Control & Fertilization				
Debris Removal				

Service Description	Date	Hours/Qty	Rate	Total
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Other: \_\_\_\_\_

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**Subtotal: \$ 0.00**

**Tax: \$ 0.00**

**Amount Due: \$ 0.00**

**Notes & Payment Terms:**

Please make checks payable to: [Business Name]

Payment is due within [Number] days of invoice date.

Thank you for your business!