

INVOICE

[Company Name]

[Street Address]

[City, State, Zip]

[Phone / Email]

Invoice #: _____

Date: _____

Service Period: _____

Bill To:

[Client Name]

[Property Address]

[City, State, Zip]

Service Description	Frequency	Rate	Amount
Lawn Mowing & Edging			
Hedge & Shrub Trimming			
Weed Control & Bed Maintenance			
Debris Removal / Leaf Cleanup			

Service Description	Frequency	Rate	Amount
---------------------	-----------	------	--------

Additional Services: [Specify]

Subtotal: _____

Tax: _____

Total Due: _____

Payment Terms: Due within [X] days. Please make checks payable to [Company Name].

Thank you for choosing us for your grounds maintenance needs.