

[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: [0000]
Date: [Month Day, Year]
Billing Cycle: [Monthly/Bi-Weekly]

BILL TO

[Client Name]
[Service Address]
[City, State, Zip]
[Phone Number]

PAYMENT TERMS

Due Date: [Date]
Payment Method: [Check/Card/Online]

Service Description	Frequency	Date(s)	Rate	Amount
Lawn Maintenance (Mow, Edge, Blow)	[Weekly]	[Dates]	\$0.00	\$0.00
Garden Bed Weeding & Detailing	[Monthly]	[Date]	\$0.00	\$0.00
Shrub Pruning & Trimming	[As Needed]	[Date]	\$0.00	\$0.00

Service Description	Frequency	Date(s)	Rate	Amount
[Additional Service/Supplies]	-	-	\$0.00	\$0.00

Subtotal: \$0.00

Tax ([0] %): \$0.00

Total Amount Due: \$0.00

NOTES & INSTRUCTIONS

Please make checks payable to **[Company Name]**. Thank you for your continued business and for keeping your neighborhood beautiful!