

# SERVICE INVOICE

**[Groundskeeping Company Name]**

[Street Address]

[City, State, Zip]

[Phone Number]

**Invoice #:** [0000]

**Date:** [Date]

**Due Date:** [Date]

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## BILL TO:

[Client Name]

[Property Address]

[Contact Email]

## SERVICE SCHEDULE:

Frequency: [Weekly / Bi-Weekly / Monthly]

Billing Period: [Month, Year]

Last Visit: [Date]

Service Description	Qty/Hours	Rate	Total
Lawn Mowing & Edging (Recurring)	[0]	[\$0.00]	[\$0.00]
Hedge Trimming & Pruning	[0]	[\$0.00]	[\$0.00]
Debris Removal & Leaf Blowing	[0]	[\$0.00]	[\$0.00]
Fertilization / Weed Control Treatment	[0]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]

Tax: \$[0.00]

**Total Due: \$[0.00]**

**Notes:** Next scheduled visit is [Date]. Thank you for your continued business.

**Payment Instructions:** Please make checks payable to [Company Name] or pay online at [Link].