

LANDSCAPE DESIGN CO.

123 Garden Lane
Portland, OR 97201
contact@landscapedesign.com

INVOICE

Invoice #: [0000]
Date: [Date]
Billing Period: [Month, Year]

BILL TO

[Client Name]
[Client Address]
[City, State, Zip]
[Email Address]

PROJECT SITE

[Site Name/Reference]
[Site Address]

Service Description	Frequency	Rate	Amount
Monthly Landscape Maintenance (Recurring)	[Qty]	\$0.00	\$0.00
Irrigation System Inspection & Management	[Qty]	\$0.00	\$0.00
Horticultural Consultation	[Qty]	\$0.00	\$0.00

Service Description	Frequency	Rate	Amount
Additional Materials (Mulch/Fertilizer)	[Qty]	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total Due: \$0.00

PAYMENT TERMS

Please make checks payable to **Landscape Design Co.** Payment is due within 15 days of invoice date. For electronic bank transfers, please use Reference: [Invoice #].

Thank you for your continued partnership in stewarding your outdoor spaces.