

INVOICE

[Sanitation Company Name]

[Street Address]

[City, State, Zip]

[Phone / Email]

INVOICE #

DATE

BILL TO:

[Customer Name]

[Service Address]

[City, State, Zip]

BILLING PERIOD:

From: _____

To: _____

Service Date	Description of Sanitation Service	Amount
[Date]	Weekly Curbside Collection - Residential	\$ 0.00
[Date]	Recycling Pickup Service	\$ 0.00
[Date]	Bulk Item / Hazardous Waste Disposal	\$ 0.00

Service Date	Description of Sanitation Service	Amount
	Environmental / Fuel Surcharge	\$ 0.00

Total Due: \$ _____

Payment Terms: Net 30 Days. Please make checks payable to [Sanitation Company Name].

Thank you for helping us keep the community clean!