

GROUNDS MAINTENANCE

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

INVOICE

[0000]
Date: [Date]
Quarter: [Q1/Q2/Q3/Q4]

CLIENT BILLING

[Client Name]
[Company Name]
[Street Address]
[City, State, Zip]

SERVICE LOCATION

[Property Name/ID]
[Property Address]
[City, State, Zip]

Service Description	Frequency	Rate	Amount
Scheduled Mowing, Edging & Blowing	[X] Visits	\$0.00	\$0.00
Shrub Trimming & Hedge Care	[X] Visits	\$0.00	\$0.00
Weed Control & Fertilization Treatment	Quarterly	\$0.00	\$0.00

Service Description	Frequency	Rate	Amount
Seasonal Debris Removal / Cleanup	-	\$0.00	\$0.00
Irrigation System Inspection & Adjustment	-	\$0.00	\$0.00
Subtotal: \$0.00 Tax: \$0.00 Total Due: \$0.00			

NOTES / PAYMENT INSTRUCTIONS

Please make checks payable to **[Company Name]**. Payments are due within 15 days of invoice date. Thank you for your continued business.

Professional Landscape & Grounds Management Excellence