

# INVOICE

RECURRING MONTHLY SERVICE

[Pest Control Company Name]  
[License #0000000]  
[Address Line 1]  
[Phone Number]

**BILL TO:**

[Commercial Client Name]  
[Kitchen/Facility Address]  
Attn: [Manager Name]

**INVOICE DETAILS:**

Invoice #: [0000]  
Date: [MM/DD/YYYY]  
Due Date: [MM/DD/YYYY]  
Service Period: [Month, Year]

Service Description	Frequency	Unit Price	Amount
<b>Standard Commercial Kitchen Integrated Pest Management (IPM)</b> Inspection, baiting, and monitoring (Rodents & Blattodea)	Monthly	\$0.00	\$0.00
<b>Drain Bio-Film Treatment</b> Application of microbial foam to floor drains	Monthly	\$0.00	\$0.00
<b>Fly Control System Maintenance</b> UV bulb check and glue board replacement	Monthly	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00  
Total Amount: \$0.00

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**Payment Terms:** Net 30. Please include invoice number with payment.

**Note:** Logbook updated on-site. All chemicals used are EPA approved for food handling environments.