

INVOICE

[Company Name]

[Address Line 1]

[Phone Number]

Invoice #: _____

Date: _____

BILL TO:

[Client Name]

[Service Address]

[Contact Info]

SERVICE FREQUENCY:

Weekly

Bi-Weekly

Monthly

Service Date	Description of Treatment	Rooms Treated	Amount
	Initial Inspection / Treatment		\$
	Follow-up Maintenance Visit		\$
	Chemical / Heat Application		\$
	Monitoring / Trap Replacement		\$

Subtotal: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

Technician Notes: _____

Warranty Status: _____

Terms: Payment is due within [Number] days. Thank you for your business.