INVOICE

[Pool Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Billing Cycle: _____

BILL TO:

[Customer Name]
[Service Address]
[City, State, Zip]
[Email/Phone]

Service Description	Service Date	Qty/Hrs	Rate	Amount
Monthly Maintenance Plan (Cleaning, Skimming, Brushing)		1	$	$
Chemicals (Chlorine, Acid, Shock, etc.)			$	$
Filter Backwash / Cleaning			$	$
Additional Repairs/Parts: [Description]			$	$

Subtotal: $_____

Tax: $_____

Total Amount Due: $_____

Notes / Water Chemistry Report:

Cl: ____ | pH: ____ | Alk: ____ | Cond: ____

Please make checks payable to: [Company Name]

Payment is due within [15] days of invoice date.