INVOICE

[Company Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

BILL TO:
[Customer Name]
[Service Address]
[City, State, Zip]

Invoice #: [0000]
Billing Date: [Date]
Service Period: [Month/Year]

SERVICE DESCRIPTION	FREQUENCY	RATE	AMOUNT
Weekly Maintenance (Skimming, Brushing, Vacuuming)	[4] Visits	$0.00	$0.00
Chemical Balance & Water Testing	Included	$0.00	$0.00
Equipment Inspection & Filter Cleaning	Monthly	$0.00	$0.00
Additional Chemicals/Parts: [Detail]	-	$0.00	$0.00

Subtotal:	$0.00
Tax:	$0.00
Total:	**$0.00**

Payment Terms: Due upon receipt or within [15] days.
Notes: [Space for technician notes regarding pool health or future repairs]

Thank you for your business!