[Company Name]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: _____
Date: _____

BILL TO:

[Client Name]
[Property Address]
[Email/Phone]

SERVICE PERIOD:

Start Date: _____
End Date: _____
Frequency: [ ] Weekly [ ] Bi-Weekly

WATER CHEMISTRY READINGS (Last Visit)

Free Chlorine: ____
pH Level: ____
Alkalinity: ____
Cyanuric Acid: ____
Calcium Hardness: ____
Phosphate: ____
Salt Level: ____
Water Temp: ____

Description of Services & Chemicals	Qty/Visits	Rate	Amount
Standard Maintenance (Skim, Brush, Vacuum, Filter Check)			
Chemical Treatment & Balancing			
Additional Services (Filter Clean, Algaecide, etc.)			

Subtotal: $_____

Tax: $_____

Total Due: $_____

Notes: _____

Payment Terms: Due within [X] days. Please make checks payable to [Company Name].