POOL SERVICE INVOICE

[Company Name]
[Address line 1]
[Phone Number]

Invoice #: _____
Date: _____

BILL TO:

[Customer Name]
[Service Address]
[City, State, Zip]

SERVICE PERIOD:

[Start Date] to [End Date]

Service / Item Description	Qty	Rate	Amount
Monthly Maintenance Plan			
Chemical Treatment (Chlorine/Acid/Shock)			
Filter Cleaning / Backwash			
Equipment Repair / Parts			

Service / Item Description	Qty	Rate	Amount
Miscellaneous			

Subtotal: $_____

Tax: $_____

Total Due: $_____

Technician Notes:

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