INVOICE

Company Name
Street Address
City, State, Zip
Phone / Email

Invoice #: _____
Date: _____
Billing Period: _____

BILL TO:

Customer Name
Service Address
City, State, Zip

SERVICE SUMMARY:

Frequency: [ ] Weekly [ ] Bi-Weekly
Pool Type: _____
Service Tech: _____

Date	Service Description (Cleaning, Chemicals, Filter)	Qty	Unit Price	Total
	Scheduled Maintenance Base Fee			
	Chemical Surcharge (Chlorine, Acid, etc.)			
	Other: _____			
	Other: _____			

Subtotal: $_____

Tax: $_____

Total Amount Due: $_____

Notes: All chemical levels balanced and skimmer baskets cleared during service. Please ensure gate access is clear for next scheduled visit.

Payment Terms: Due within 15 days of invoice date.