POOL SERVICE INVOICE

[Company Name]
[Phone / Email]

Invoice #: _____
Date: _____
Contract ID: _____

BILL TO:

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

SERVICE PERIOD:

Start Date: _____
End Date: _____

SERVICES PERFORMED:

Description	Qty/Hrs	Rate	Amount
Standard Maintenance Visit			
Chemical Treatment (Chlorine/Acid/Shock)			
Filter Cleaning/Backwash			
Other: _____			

CHECKLIST SUMMARY:

[ ] Skimmed Surface [ ] Brushed Walls [ ] Vacuumed [ ] Emptied Baskets [ ] Tested Water

Subtotal: $_____
Tax: $_____
Total Due: $_____

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

Thank you for your business!