

INVOICE

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

Date: _____
Invoice #: _____

Bill To:
[Customer Name]
[Customer Address]
[City, State, Zip]
Service Location:
[Site Address or "Same as above"]

Description of Service	Bed Size/Qty	Rate	Amount
Hand Weeding & Debris Removal			
Edge Trimming / Redefining			
Pre-Emergent Application			
Mulch Refresh (if applicable)			
Waste Disposal Fee			

Subtotal: \$ _____
Tax: \$ _____

Total: \$ _____

Notes:

[Insert payment terms, e.g., Net 15, or specific flower bed care instructions here.]

Thank you for your business!