

HEDGE TRIMMING SERVICE

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

INVOICE

Date: _____
Invoice #: _____

BILL TO:

[Client Name]
[Client Address]
[Client Phone]

SERVICE LOCATION:

[Property Address / Notes]

Description of Service	Qty/Hours	Rate	Total
Hedge Trimming / Shaping			
Debris Removal & Disposal			
[Additional Service]			

Subtotal: \$ _____

Tax: \$ _____

Grand Total: \$ _____

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

Thank you for your business!