

LEAF REMOVAL INVOICE

[Business Name]
[Address Line 1]
[Phone Number]
[Email Address]

Invoice #: [000]
Date: [MM/DD/YYYY]

BILL TO:

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

SERVICE DATE:

[Date of Cleanup]

Service Description	Quantity/Hours	Rate	Total
Leaf Raking & Collection			\$
Blowing (Driveways/Decks/Beds)			\$
Leaf Haul-away & Disposal Fee			\$

Service Description	Quantity/Hours	Rate	Total
---------------------	----------------	------	-------

Gutter Cleaning (Optional)

\$

Subtotal: \$

Tax: \$

Total Due: \$

Notes / Payment Instructions:

Please make checks payable to **[Business Name]**. Payment is due within [X] days of service.

Thank you for your business!