

INVOICE

Sod Installation Services

Invoice #: _____

Date: _____

Service Provider:

[Company Name]

[Address]

[Phone / Email]

Bill To:

[Client Name]

[Property Address]

[Phone]

Description	Quantity (Sq Ft)	Unit Price	Total
Sod Supply ([Type of Grass])			
Site Preparation & Grading			
Installation Labor			
Soil Amendments/Fertilizer			
Debris Removal			

Subtotal: \$ _____

Tax: \$ _____

Grand Total: \$ _____

Notes:

Payment is due within [X] days. Please follow the provided watering schedule for optimal sod establishment.