

INVOICE

Maintenance Service Monthly Billing

[Company Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

BILL TO:

[Client Name]
[Property Address]
[City, State, Zip]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Service Period: [Month, Year]

Service Description	Frequency	Unit Price	Amount
Standard Monthly Maintenance (Mowing, Edging, Blowing)	[Qty]	\$0.00	\$0.00
Seasonal Pruning & Shrub Care	[Qty]	\$0.00	\$0.00
Irrigation System Inspection & Adjustment	[Qty]	\$0.00	\$0.00
Weed Control & Fertilization Treatment	[Qty]	\$0.00	\$0.00

Service Description	Frequency	Unit Price	Amount
Additional / One-time Services: [Description]	[Qty]	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Balance Due: \$0.00

PAYMENT TERMS & NOTES:

Please make checks payable to **[Company Name]**.
Payment is due within [15/30] days of invoice date.
Thank you for your continued partnership in maintaining your property.