

INVOICE

[Landscaping Company Name]

[Address Line 1]

[City, State, Zip]

[Phone / Email]

Invoice #: [0000]

Date: [Date]

Billing Period: [Month, Year]

BILL TO:

[Client Name]

[Property Address]

[City, State, Zip]

SERVICE LOCATION:

[Site Name/Address if different]

[Contract Reference Number]

Description of Retainer Services	Frequency	Amount
Monthly Landscaping Maintenance Retainer (Mowing, Edging, Weeding, Debris Removal)	[Standard]	\$0.00
Pruning & Hedge Trimming Allowance	[Monthly]	\$0.00
Irrigation System Inspection & Monitoring	[Per Visit]	\$0.00
[Additional Service/Fertilization]	[As Scheduled]	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Amount Due: \$0.00

Payment Terms: Retainer due by the [1st/5th] of the month. Please make checks payable to [Company Name].

Notes: Thank you for your business. For emergency service or repairs outside of retainer scope, please contact [Contact Person].