

GROUNDS MAINTENANCE

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

INVOICE

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Name]
[Property/Company Name]
[Street Address]
[City, State, Zip]

SERVICE SITE

[Site Name/Location]
[Specific Zones/Areas Covered]

Description of Services	Frequency/Qty	Rate	Amount
Lawn Care (Mowing, Edging, Blowing)	[Qty]	[\$0.00]	[\$0.00]
Hedge Trimming & Shrub Pruning	[Qty]	[\$0.00]	[\$0.00]

Description of Services	Frequency/Qty	Rate	Amount
Weed Control & Fertilization Application	[Qty]	[\$0.00]	[\$0.00]
Debris Removal & Site Clean-up	[Qty]	[\$0.00]	[\$0.00]
Subtotal: \$[0.00]			
Tax: \$[0.00]			
Total: \$[0.00]			

PAYMENT INSTRUCTIONS

Please make checks payable to **[Business Name]**. For electronic transfers, use [Banking Details/Reference]. Payment is appreciated within [Number] days of service.

Thank you for choosing us to maintain your professional landscape.