INVOICE

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

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Client Business Name]
[Contact Person]
[Billing Address]
[City, State, Zip]

SERVICE LOCATION:

[Facility Name/ID]
[Service Address]
[City, State, Zip]

Service Description	Units (Gals/Lbs)	Rate	Amount
Base Wastewater Treatment Fee			
BOD/TSS Surcharge			
Grease Interceptor Inspection/Maintenance			

Service Description	Units (Gals/Lbs)	Rate	Amount
Septic/Hold Tank Pumping			
Regulatory Compliance Fee			

Subtotal: $ _____
Tax/Environmental Levies: $ _____
TOTAL DUE: $ _____

Terms: Net [30] days. Please include invoice number with payment.

Notes: [Space for specific wastewater analysis results or compliance notes]