

INVOICE

[Department Name]
[City/Municipality Name]
[Address Line 1]

Invoice #: _____
Date: _____
P.O. Number: _____

Bill To:

[Agency/Client Name]
[Attention To]
[Address Line 1]
[City, State, Zip]

Service Location:

[Park/Facility Name]
[Site Address/Lot ID]

Service Description	Qty/Hours	Rate	Total
[e.g., Mowing & Edging - Zone A]			
[e.g., Debris Removal & Disposal]			
[e.g., Irrigation Repair/Parts]			
[e.g., Seasonal Planting/Mulching]			
Subtotal: \$ 0.00			
Tax (if applicable): \$ 0.00			
Total Due: \$ 0.00			

Payment Terms: Net 30 Days.

Notes: All maintenance performed per Contract ID #[_____].

Please make checks payable to: [Municipality Name / Treasury].