[COMPANY NAME]

[Address Line 1]
[Address Line 2]
[Phone Number]
[Email/Website]

INVOICE

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

BILL TO:

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

SERVICE LOCATION:

[Property/Site Name]
[Service Address]

Service Description	Qty/Hrs	Rate	Amount
Lawn Maintenance (Mowing, Edging, Blowing)			
Pruning / Hedge Trimming			

Service Description	Qty/Hrs	Rate	Amount
Debris Removal / Green Waste Disposal			
Fertilization / Weed Control Treatment			
Irrigation Inspection & Repair			

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Payment Terms: Net [30] Days. Please make checks payable to **[Company Name]**.

Notes: Thank you for your continued business!