HYDROSEEDING CO.

123 Green Grass Lane
City, State, Zip
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____

BILL TO:

_____
_____
_____

JOB LOCATION:

_____
_____

Description (Seed Mix / Mulch Type)	Area (Sq. Ft.)	Rate	Total
Hydroseeding Application			
Soil Prep / Grading			
Fertilizer / Additives			

Subtotal: $_____

Tax: $_____

TOTAL DUE: $_____

Notes: Please keep the area consistently moist for 14-21 days. Do not mow until grass reaches 3 inches.

Terms: Payment is due within ___ days. Thank you for your business!