

TREE SERVICE CO.

123 Arbor Way
Forestville, ST 12345
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

CLIENT INFORMATION

Name: _____
Address: _____
City/Zip: _____
Phone: _____

SERVICE LOCATION

Property Address: _____
Crew Lead: _____

Description of Service	Qty/Hours	Rate	Amount
Tree Trimming / Pruning		\$	\$
Tree Removal		\$	\$
Stump Grinding		\$	\$

Description of Service	Qty/Hours	Rate	Amount
Debris Hauling & Cleanup		\$	\$
Subtotal: \$ _____			
Tax: \$ _____			
Total: \$ _____			

Notes: _____

Please make checks payable to: **Tree Service Co.**

Thank you for your business! We appreciate your trust in our tree care services.