

# BEE REMOVAL INVOICE

[Business Name]  
[Address Line 1]  
[Phone Number]

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

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## BILL TO:

[Customer Name]  
[Service Address]  
[Contact Email/Phone]

## SERVICE DETAILS:

Technician: \_\_\_\_\_  
Type:  Live Removal  Extermination  
Property:  Residential  Commercial

Description of Service / Location of Hive	Qty/Hrs	Rate	Amount
Site Inspection & Assessment			
Bee Removal / Relocation			
Honeycomb/Debris Cleanup			
Structural Repair / Sealing			

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

**TOTAL DUE: \$ \_\_\_\_\_**

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**Notes & Warranty:**

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Payment due within \_\_\_\_\_ days. Please make checks payable to: [Business Name]