

# INVOICE

**Pest Control Services Co.**  
123 Eradication Way  
City, State, ZIP

INVOICE # [00000]  
DATE [Date]  
DUE DATE [Date]

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**BILL TO:**

[Client Name]  
[Street Address]  
[City, State, ZIP]  
[Phone/Email]

**SERVICE LOCATION:**

[Property Address or Unit #]  
[Occupant Name]  
[Infestation Severity Level]

Description of Service / Treatment	Qty	Rate	Amount
Initial Inspection & Identification (German/American/Oriental)	1	\$0.00	\$0.00
Chemical Baiting & Gel Application	-	\$0.00	\$0.00
Residual Perimeter Spray / Crack & Crevice Treatment	-	\$0.00	\$0.00

Description of Service / Treatment	Qty	Rate	Amount
Insect Growth Regulator (IGR) Application	-	\$0.00	\$0.00
Follow-up Visit / Warranty Service	-	\$0.00	\$0.00
Subtotal: \$0.00			
Tax: \$0.00			

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**Total Due: \$0.00**

**Technician Notes:** [Notes regarding sanitation, entry points, or structural repairs needed]

**Terms:** Payment is due within 15 days. Warranty is valid only if sanitation recommendations are followed.