

# INVOICE

[Your Company Name]  
[Address Line 1]  
[Phone Number]  
[License #]

Invoice #: [0000]  
Date: [MM/DD/YYYY]  
PO #: [Optional]

## Bill To:

[Client Business Name]  
[Billing Address]  
[Contact Person]

## Service Location:

[Facility Name]  
[Site Address]  
[Site Contact]

Service / Treatment Description	Target Pest(s)	Qty/Hrs	Rate	Amount
[Service Type - e.g., Monthly Maintenance]	[e.g., General Insects]	1	\$0.00	\$0.00
[Product/Chemical Used - EPA Reg #]	[e.g., Rodents]	[Units]	\$0.00	\$0.00

Subtotal: \$0.00  
Tax: \$0.00

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**Total Due: \$0.00**

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**Service Notes:** [Areas treated, sanitation recommendations, or structural repairs needed]

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