

EMERGENCY PEST CONTROL

123 Safety Way, Suite 100
City, State, Zip
Phone: (555) 000-0000

INVOICE

Invoice #: _____

Date: _____

BILL TO:

SERVICE LOCATION:

Description of Service / Pest Type	Qty	Rate	Amount
Emergency Call-Out Fee			
Inspection & Identification			
Treatment / Extermination			
Follow-up Prevention Materials			
Subtotal: \$ _____			
Tax: \$ _____			
TOTAL: \$ _____			

Technician Notes:

Payment is due within 15 days. Thank you for your business.