

ARBORIST SERVICES

[Street Address]
[City, State, Zip]
[Phone Number]
[License #]

INVOICE

[0000]
Date: [Date]

BILL TO:

[Client Name]
[Property Address]
[Phone/Email]

SERVICE LOCATION:

[Address if different from billing]
Tree Species: [Species]
Permit #: [If applicable]

Description of Service	Qty/Hrs	Rate	Total
Arborist Consultation & Risk Assessment		\$	\$
Tree Removal & Sectional Felling		\$	\$
Stump Grinding & Debris Hauling		\$	\$

Description of Service	Qty/Hrs	Rate	Total
Equipment Fee (Chipper/Lift)		\$	\$
<hr/>			
Subtotal: \$			
Tax: \$			
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TOTAL: \$			

Notes: [e.g., Payment due within 15 days. Certified arborist signature required for assessment validity.]

Thank you for your business.