

[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Company Name]
[Billing Address]
[City, State, Zip]

SERVICE LOCATION:

[Property Name/Manager]
[Site Address]
[City, State, Zip]

Description of Services	Qty/Hours	Unit Price	Total
Tree Removal (Species/Location: _____)			
Stump Grinding & Backfill			

Description of Services	Qty/Hours	Unit Price	Total
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Debris Removal & Chipper Service

Crane/Heavy Equipment Rental Fee

Permit Fees / Administration

Subtotal: \$ _____

Tax: \$ _____

Total Amount Due: \$ _____

Notes / Payment Instructions:

Please make all checks payable to **[Company Name]**.
 Payment is expected within [Number] days. Late fees may apply.
Thank you for your business!