

EMERGENCY TREE SERVICE

[Company Name]
[Address Line 1]
[Phone Number]

INVOICE # _____
DATE: _____
DUE DATE: _____

BILL TO:

SERVICE LOCATION:

Description of Emergency Services	Qty/Hrs	Rate	Amount
Emergency Response/Mobilization Fee			
Hazardous Tree Removal / Sectioning			
Debris Hauling & Site Cleanup			
Crane/Heavy Equipment Rental			

Description of Emergency Services	Qty/Hrs	Rate	Amount
Stump Grinding (Optional)			

Subtotal: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

NOTES & PAYMENT INSTRUCTIONS:

Please make checks payable to [Company Name]. Payment is due within [X] days of emergency service completion. Thank you for your business.