

# TREE REMOVAL INVOICE

Business Name  
Phone: (555) 000-0000  
Email: info@treeremoval.com

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

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## CLIENT INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_

## JOB SITE (IF DIFFERENT)

Address: \_\_\_\_\_  
Tree Type: \_\_\_\_\_

Description of Services	Qty/Hrs	Rate	Total
Large Tree Felling / Removal			
Stump Grinding / Root Removal			
Debris Hauling & Wood Chipping			
Crane / Specialized Equipment Rental			

Description of Services	Qty/Hrs	Rate	Total
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Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**Grand Total: \$** \_\_\_\_\_

**NOTES / TERMS**

Payment is due within \_\_\_\_ days. Please make checks payable to: \_\_\_\_\_.

Thank you for your business! Fully Insured & Certified Arborists.