

# TREE REMOVAL CO.

123 Forest Lane, Arbor City  
Phone: (555) 012-3456  
Email: info@treeremoval.com

## INVOICE

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

Date: \_\_\_\_\_

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### BILL TO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

### SERVICE ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

Service Description	Qty	Unit Price	Total
Tree Removal (Species/Height: _____)	_____	\$ _____	\$ _____
Stump Grinding / Removal	_____	\$ _____	\$ _____
Debris Hauling & Disposal	_____	\$ _____	\$ _____

Service Description	Qty	Unit Price	Total
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Emergency Response / Branch Trimming	_____	\$ _____	\$ _____
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Subtotal: \$ \_\_\_\_\_  
 Tax Rate: \_\_\_\_\_ %  
 Tax Amount: \$ \_\_\_\_\_

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**TOTAL DUE: \$ \_\_\_\_\_**

**Notes / Terms:**

Payment is due within \_\_\_\_\_ days. Please make checks payable to **Tree Removal Co.**

Thank you for your business!