

# STUMP REMOVAL INVOICE

**Business Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

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

**Bill To:**

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

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

City/State: \_\_\_\_\_

**Service Location:**

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

Property Notes: \_\_\_\_\_

Service Description (Size/Quantity)	Stump Diameter	Surface/Deep	Price
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Debris Removal / Haul Away	-	-	\$ _____
Topsoil & Seeding	-	-	\$ _____

**Subtotal:** \$ \_\_\_\_\_

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

**Total Amount Due:** \$ \_\_\_\_\_

**Notes & Payment Terms:**

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Payment is due upon completion of services. Please make checks payable to the business name listed above. Thank you for your business!