

INVOICE

Tree Removal & Landscaping Services

INVOICE #

DATE
____ / ____ / 20____

SERVICE PROVIDER

[Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

BILL TO

[Client Name]
[Job Site Address]
[City, State, Zip]
[Phone/Email]

Service Description	Qty/Hours	Rate	Total
Tree Removal (Species/Size: _____)			
Stump Grinding / Removal			
Debris Hauling & Disposal Fees			

Service Description

Qty/Hours

Rate

Total

Equipment Rental (Crane, Chipper, etc.)

Emergency / Overtime Surcharge

Subtotal: \$ _____

Tax: \$ _____

GRAND TOTAL: \$ _____

NOTES / PAYMENT TERMS

Payment is due within ____ days. Please make checks payable to _____. Thank you for your business!