INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____

Date: _____

Quarter: Q__ - 20__

Bill To:

[Client Name / Property Management]
[Billing Address]
[City, State, Zip]
Attn: [Contact Name]

Service Location:

[Property Name]
[Site Address]
[City, State, Zip]

Service Description (Quarterly Maintenance)	Frequency	Rate	Amount
Lawn Care (Mowing, Edging, Trimming)			
Shrub & Hedge Pruning			
Weed Control & Fertilization Program			

Service Description (Quarterly Maintenance)	Frequency	Rate	Amount
Irrigation System Inspection & Adjustment			
Debris Removal & Hardscape Blow-off			
Seasonal Color/Mulch Refresh (If applicable)			

Subtotal: $_____

Tax: $_____

Total Due: $_____

Payment Terms: Net [30] Days. Please make checks payable to **[Company Name]**.
Notes: All quarterly services completed per contract specifications. Thank you for your business.