SERVICE INVOICE

[Your Company Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Service Address]
[City, State, Zip]

PROPERTY MANAGED:

[Property Reference/ID]
[Specific Instructions]

Service Description	Frequency	Rate	Amount
Lawn Mowing & Edging			$ 0.00
Shrub & Hedge Trimming			$ 0.00
Fertilization & Weed Control			$ 0.00

Service Description	Frequency	Rate	Amount
Debris Removal			$ 0.00

Subtotal: $ 0.00
Tax: $ 0.00
Total Due: $ 0.00

Payment Notes: Please make checks payable to [Company Name]. Payments are due within 15 days of invoice date.

Thank you for choosing our residential groundskeeping services!