INVOICE

[Institution Name / Campus Division]
[Street Address]
[City, State, Zip]

INVOICE # [00000]
BILLING CYCLE [Monthly/Quarterly]
DATE [MM/DD/YYYY]

CLIENT / DEPARTMENT

[Contact Name/Department]
[Facility Name]
[Account Number]

SERVICE LOCATION

[Site Address/Zone]
[Contract Reference Number]

Service Description	Frequency	Rate	Amount
Grounds Maintenance (Mowing, Edging, Blowing)	[Qty]	[0.00]	[0.00]
Ornamental Bed Care & Weed Control	[Qty]	[0.00]	[0.00]

Service Description	Frequency	Rate	Amount
Irrigation System Monitoring & Adjustment	[Qty]	[0.00]	[0.00]
Seasonal Color / Debris Removal	[Qty]	[0.00]	[0.00]

Subtotal: $0.00
Tax Rate: 0%
Total Due: $0.00

Payment Terms: Net [30] Days. Please make checks payable to [Vendor Name].

Notes: Recurring maintenance contract for fiscal year [YYYY]. Documentation of site visits available upon request.