INVOICE

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

Invoice #: _____
Date: _____
Billing Cycle: _____

Bill To:

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

Service Frequency:

[ ] Weekly
[ ] Bi-Weekly
[ ] Monthly

Service Date	Description of Maintenance	Rate	Amount
	Mowing, Edging, and Blowing	$	$
	Weed Control & Bed Maintenance	$	$
	Pruning / Hedge Trimming	$	$
	Debris Removal / Other: _____	$	$

Subtotal: $_____

Tax: $_____

Total Amount Due: $_____

Notes / Special Instructions:

Payment Terms: Due within [ ] days of invoice date. Thank you for your business!