[YOUR BUSINESS NAME]

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

INVOICE

INVOICE #: _____
DATE: _____

BILL TO:
[Client Name]
[Client Street Address]
[City, State, Zip]
PROPERTY LOCATION:
[Service Address or "Same as Billing"]

Service Description	Date	Rate/Price	Amount
Mowing, Edging, and String Trimming		$	$
Garden Bed Weeding & Pre-emergent		$	$
Shrub Pruning & Hedge Trimming		$	$
Debris Blow-off & Removal		$	$
[Additional Service]		$	$

Subtotal $ _____
Tax $ _____
Total Due $ _____

Payment Terms: Due upon receipt or within 15 days.
Thank you for choosing [Your Business Name] for your landscape care!