INVOICE

Tree Removal Service Co.
123 Arbor Lane
City, State, Zip

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

_____
_____
_____

Service Address:

_____
_____

Description of Service	Qty	Rate	Amount
Tree Removal (Type: _____)	____	$____	$____
Stump Grinding / Removal	____	$____	$____
Debris Hauling & Cleanup	____	$____	$____
Emergency / Storm Service Fee	____	$____	$____

Subtotal: $_____

Tax: $_____

Total Balance Due: $_____

Notes / Payment Instructions:

Please make checks payable to Tree Removal Service Co. Payment is due within 15 days of service completion. Thank you for your business!