

[Subcontractor Business Name]

[Street Address]

[City, State, Zip]

[Phone] | [Email]

INVOICE

Invoice #: _____

Date: _____

BILL TO (PRIME CONTRACTOR)

[Company Name]

[Contact Name]

[Address]

PROJECT / SERVICE LOCATION

[Property Name/Client]

[Site Address]

[PO/Job Number]

Service Description	Service Date	Quantity/Hours	Rate	Amount
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Lawn Mowing & Edging

Debris Blow-off & Removal

Trimming / Pruning

Weed Control / Fertilization

[Other Service]

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Payment Terms: Net [30] Days. Please make checks payable to [Subcontractor Business Name].
Notes: [Space for additional comments or material details]