LANDSCAPING SERVICES

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

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

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

PROPERTY/PROJECT SITE

[Service Address]
[Service Date Range]
Crew Leader: _____

SERVICE DETAILS

Description of Maintenance Services	Qty/Hrs	Rate	Amount
Mowing, Edging, and String Trimming			$
Pruning and Shrub Trimming			$
Weed Control and Bed Maintenance			$
Fertilization / Soil Amendment			$

Description of Maintenance Services	Qty/Hrs	Rate	Amount
Debris Removal and Leaf Clean-up			$
Irrigation System Inspection/Repair			$

MATERIALS & SUPPLIES

Item (Mulch, Sod, Plants, Fertilizer)	Quantity	Unit Price	Total
			$
			$

Subtotal: $
Tax (%): $
TOTAL DUE: $

NOTES & PAYMENT INSTRUCTIONS

- Please make checks payable to: [Business Name]
- Payment via [Bank Transfer/Credit Card/App] info: _____
- Thank you for your business!

Terms: Net [30] Days. A late fee of [Percentage]% may apply to overdue balances.