SERVICE INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number] | [Email]

Invoice #: _____
Date: _____
Due Date: _____

CLIENT INFORMATION

[Client Name]
[Billing Address]
[Phone Number]

PROPERTY SERVICED

[Service Site Address]
[City, State, Zip]
[Service Frequency]

Service Description	Date	Hours/Qty	Rate/Price	Amount
Lawn & Turf Care				
Mowing, Edging, and String Trimming				
Fertilization & Weed Control Treatment				
Bed & Plant Maintenance				

Service Description	Date	Hours/Qty	Rate/Price	Amount
Pruning, Shrub Trimming, and Deadheading				
Mulch Installation / Bed Weeding				
Additional Services / Materials				
Irrigation System Inspection & Repair				
Debris Removal & Green Waste Disposal				
Subtotal:				$0.00
Tax ([%]):				$0.00
TOTAL DUE:				**$0.00**

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to **[Company Name]**.

Payments accepted via: [Check / Credit Card / Bank Transfer]

Thank you for your business! We appreciate the opportunity to maintain your landscape.