

INVOICE

Garden Management Co.
123 Green Lane
Nature City, ST 12345

BILL TO:

[Client Name]
[Client Address]
[Client Phone]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

Service Description	Hours/Qty	Rate	Amount
Lawn Mowing & Edging			
Hedge Trimming & Pruning			
Weed Control & Fertilization			
Green Waste Removal			
Subtotal: \$0.00			
Tax: \$0.00			
Total: \$0.00			

Payment Terms: Please pay within 15 days.
Notes: Thank you for choosing our garden maintenance services!