LANDSCAPING INVOICE

INVOICE #
[_____]
DATE
[_____]

PROVIDER
[Business Name]
[Address Line 1]
[City, State, Zip]
[Phone / Email]

BILL TO
[Client Name]
[Service Address]
[City, State, Zip]
[Phone / Email]

Service Description	Hours	Rate/Hr	Total
Lawn Mowing & Edging	[___]	$[___]	$[___]
Hedge Trimming / Pruning	[___]	$[___]	$[___]
Weeding & Garden Bed Maintenance	[___]	$[___]	$[___]
Debris Removal / Leaf Blowing	[___]	$[___]	$[___]
[Other Service]	[___]	$[___]	$[___]

Subtotal: $[_____]
Tax: $[_____]
Balance Due: $[_____]

TERMS & NOTES

Payment due within [__] days. Please make checks payable to **[Business Name]**.

Thank you for your business!