LANDSCAPING INVOICE

[Business Name]
[Phone Number]
[Email/Website]

Date: _____
Invoice #: _____

CLIENT INFORMATION
[Client Name]
[Service Address]
[City, State, Zip]

SERVICE PERIOD
Start: _____
End: _____

Service Description	Qty/Hours	Rate	Total
Lawn Mowing & Edging		$	$
Trimming & Pruning		$	$
Fertilization / Weed Control		$	$
Debris Removal		$	$
Other: _____		$	$

Subtotal: $_____

Tax: $_____

Grand Total: $_____

NOTES / INSTRUCTIONS

Payment Terms: Net [30] Days. Please make checks payable to: [Business Name]

Thank you for your business!