SERVICE INVOICE

Company Name
123 Nature Way
City, State, Zip
Phone: (555) 000-0000

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

Name: _____
Address: _____
City/Zip: _____

SERVICE ADDRESS

Address: _____
Property Type: _____
Season: [ ] Spring [ ] Summer [ ] Fall [ ] Winter

DESCRIPTION OF SERVICE	QTY / HRS	RATE	TOTAL
Mowing & Edging			
Fertilization / Weed Control			
Pruning & Shrub Trimming			

DESCRIPTION OF SERVICE	QTY / HRS	RATE	TOTAL
Leaf Removal / Seasonal Cleanup			
Mulch / Soil Installation			

Subtotal: $_____
Tax: $_____

TOTAL DUE: $_____

Notes:

_____

Payment Terms: Please make checks payable to Company Name. Thank you for your business!