SERVICE INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Service Address]
[City, State, Zip]
[Phone Number]

SERVICE PERIOD:

Start Date: _____
End Date: _____

Service Description	Qty/Hours	Rate	Amount
Lawn Mowing & Edging			
Hedge & Shrub Trimming			
Weed Control & Fertilization			

Service Description	Qty/Hours	Rate	Amount
Debris Removal & Cleanup			
[Additional Service]			

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

Notes / Payment Instructions:

Please make checks payable to **[Company Name]**. Thank you for your business!