INVOICE

[Business Name]
[Phone Number]
[Email Address]

Invoice #: _____
Date: _____

Bill To:

_____
_____
_____

Service Location:

_____
_____

Service Date	Description of Services	Rate	Amount
	Weekly Mowing, Edging, & Blowing	$	$
	Trimming / Pruning	$	$
	Weed Control / Fertilization	$	$
	Other: _____	$	$

Subtotal: $ _____

Tax: $ _____
Total Due: $ _____

Payment Terms: Due within ____ days. Please make checks payable to: _____

Thank you for your business!