

GARDEN MAINTENANCE

[Your Company Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [Date]
Month: [Month, Year]

BILL TO:

[Client Name]
[Client Street Address]
[City, State, Zip]

SERVICE PROPERTY:

[Site Address/Location Name]
[Specific Instructions]

Service Description	Date	Hours/Qty	Rate	Amount
Lawn Mowing & Edging	-	-	-	-
Weeding & Bed Maintenance	-	-	-	-
Hedge Trimming / Pruning	-	-	-	-
Waste Removal / Disposal Fee	-	-	-	-

Service Description	Date	Hours/Qty	Rate	Amount
Fertilizer/Supplies Applied	-	-	-	-

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Payment Terms: Due within [X] days. Please make checks payable to [Company Name].

Notes: [General observations or recommendations for the garden next month]