

# INVOICE

Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_

**[Company Name]**

[Address]

[Phone]

[Email]

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**BILL TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROJECT LOCATION:**

\_\_\_\_\_  
\_\_\_\_\_

Service / Material Description	Quantity	Rate	Total
Sod Installation (Type: _____)	_____ sq ft	\$	\$
Mulching (Color/Type: _____)	_____ yards	\$	\$
Ground Prep & Debris Removal	_____ hrs	\$	\$
Topsoil / Edging / Other	_____	\$	\$

Service / Material Description	Quantity	Rate	Total
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Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**Amount Due: \$ \_\_\_\_\_**

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**NOTES & PAYMENT INSTRUCTIONS:**

Please make checks payable to **[Company Name]**. Payment is due within \_\_\_ days.

*Thank you for your business!*