

TREE SERVICE CO.

123 Arbor Way
Forestville, ST 12345
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____

BILL TO:

JOB SITE ADDRESS:

Description of Services (Removal, Stump Grinding, Hauling)	Qty/Hours	Rate	Amount
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Subtotal: \$ _____
Tax: \$ _____
TOTAL: \$ _____

Notes: _____

Payment is due within ____ days. Thank you for your business!