LANDSCAPING CO.

123 Nature Way, Green City, ST 12345
Phone: (555) 000-0000
Email: billing@landscaping.com

INVOICE

#INV-0000
Date: _____
Due Date: _____

BILL TO:

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

PROPERTY/SERVICE DETAILS:

Service Period: [Start Date] - [End Date]
Frequency: [Weekly / Bi-Weekly / Monthly]
Technician: [Name/Crew]

Service Description & Maintenance Details	Hours/Qty	Rate	Amount
Routine Lawn Care MOWING EDGING BLOWING			
Garden Bed Maintenance Weed control, shrub pruning, and debris removal.			
Irrigation System Check Zone testing, head adjustment, and timer programming.			

Service Description & Maintenance Details	Hours/Qty	Rate	Amount
Materials & Supplies Mulch (cu yd), Fertilizer, or Specific Plantings.			

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

NOTES / SERVICE COMMENTS:

Payment Terms: Please make checks payable to [Company Name]. Payments are due within 15 days of invoice date. Thank you for choosing us for your landscape needs!