[GARDEN SERVICE NAME]

[Street Address]
[City, State, Zip]
[Phone / Email]

INVOICE

Date: _____
Invoice #: _____

BILL TO:
[Client Name]
[Property Address]
[Phone]
SERVICE PERIOD:
Start Date: _____
End Date: _____

Service Description	Hours/Qty	Rate	Amount
Lawn Mowing & Edging			
Weeding & Mulching			
Pruning & Hedge Trimming			
Fertilizer / Green Waste Removal			

Service Description	Hours/Qty	Rate	Amount

Subtotal: $_____

Tax: $_____

GRAND TOTAL: $_____

Notes / Special Care Instructions:

Payment is due within [X] days. Please make checks payable to: [Company Name]
Thank you for letting us help your garden grow!