WORK ORDER & INVOICE

Landscaping & Maintenance

Date: _____
No: _____

Service Provider

Name: _____

Phone: _____

Email: _____

Client Information

Name: _____

Address: _____

Phone: _____

Maintenance Checklist

[ ] Mowing / Edging
[ ] Weeding / Mulching
[ ] Tree / Shrub Trimming
[ ] Fertilization
[ ] Leaf Cleanup
[ ] Irrigation Repair

Description of Materials & Labor	Hours/Qty	Rate	Amount

Subtotal: $_____
Tax: $_____
Total Due: $_____

Comments / Recommendations

Customer Signature: _____
Date: _____