LANDSCAPING INVOICE

[Business Name]
[Phone Number]
[Email/Website]

Invoice #: _____
Date: _____
Billing Cycle: _____

BILL TO:

[Client Name]
[Service Address]
[City, State, Zip]

SERVICE SUMMARY:

Standard Monthly Maintenance
Next Scheduled Service: _____

Service Description	Quantity/Visits	Rate	Amount
Lawn Mowing, Edging, and Trimming			
Debris Removal and Leaf Blowing			
Pruning and Shrub Maintenance			
Weed Control / Fertilization			
Irrigation System Inspection			
Additional Services (Misc)			

Subtotal: $ _____
Tax: $ _____

TOTAL DUE: $ _____

Notes: [Insert terms or payment instructions here]

Please make checks payable to: **[Business Name]**

Thank you for your business!