INVOICE

Company Name
123 Garden Lane
Greenside, ST 12345
Email: contact@landscaping.com

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

_____
_____
_____

Service Address:

_____
_____

Service Description	Qty/Hrs	Rate	Amount
Lawn Mowing & Edging			
Mulching / Soil Work			
Planting / Tree Service			
Debris Removal			

Subtotal: $_____
Tax: $_____

Total: $_____

Notes / Terms:

Please make checks payable to **Company Name**. Payment is due within 15 days of invoice date. Thank you for your business!