**Invoice Template**

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| --- |
| **CUSTOMER ACCOUNT NO:** |
| **PHONE NO:** |
| **INVOICE DATE:** |
| **ACCOUNT TYPE**  **Residential Regular**  **Commercial 1-Time** |
| **FREQUENCY KEY** |
| **AN – Annually 6M – 6 Months**  **3M – 3 Months M0 – Monthly**  **B1 – B Monthly WK - Weekly** |

** COMPANY NAME/LOGO**

123 Company Street. City, ST 12345

**TO:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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TERMS:

**PLEASE RETURN THIS PORTION WITH PAYMENT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WORK DONE** | **FREQUENCY** | **DESCRIPTION/MATERIAL USED** | | | **UNIT** | **AMOUNT** |
| **LAWN MOWING** |  |  | | |  |  |
| **EDGING** |  |  | | |  |  |
| **WEED CONTROL** |  |  | | |  |  |
| **PRUNING/TRIMMING** |  |  | | |  |  |
| **FERTILIZING** |  |  | | |  |  |
| **SPRING/FALL CLEAN UP** |  |  | | |  |  |
| **TREE LOPPING** |  |  | | |  |  |
| **GUTTER CLEAN** |  |  | | |  |  |
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|  |  |  | | |  |  |
| WIND DIRECTION  **N NE E SE S SW W NW** | | | WIND SPEED  **0-5 6-10 11-15** | **EQUIPMENT CHARGE** | |  |
| **SUB-TOTAL** | |  |
| DATE: | | TIME:  **A.M. P.M.** | |  | |  |
| **TAX** | |  |
| TECHNICIAN’S SIGNATURE: | | | | **TOTAL** | |  |

***Thank You!***