

Lawn Maintenance Invoice

YOUR COMPANY NAME

Address
CITY, STATE, ZIP CODE
Phone Number

TO: _____

TERMS:

| | |
|--------------------------------------|----------------------------------|
| CUSTOMER ACCOUNT NO. | |
| PHONE NO. | |
| INVOICE DATE | |
| ACCOUNT TYPE | |
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> REGULAR |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> 1-TIME |
| FREQUENCY KEY | |
| ANNUALLY = AN | 6 MONTHS = 6M |
| 3 MONTHS = 3M | MONTHLY = MO |
| BIMONTHLY = BI | WEEKLY = WK |

PLEASE RETURN THIS PORTION WITH PAYMENT

| WORK DONE | FREQUENCY | DESCRIPTION / MATERIALS USED | UNIT | AMOUNT |
|---|-----------|------------------------------|------------------|--------|
| <input type="checkbox"/> LAWN MOWING | | | | |
| <input type="checkbox"/> EDGING | | | | |
| <input type="checkbox"/> WEED CONTROL | | | | |
| <input type="checkbox"/> PRUNING / TRIMMING | | | | |
| <input type="checkbox"/> FERTILIZING | | | | |
| <input type="checkbox"/> SPRING / FALL CLEAN-UP | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| WIND DIRECTION | | WIND SPEED | EQUIPMENT CHARGE | |
| N NE E SE S SW W NW | | 0-5 6-10 11-15 | SUB-TOTAL | |
| DATE | | TIME | | |
| | | A.M. P.M. | | |
| TECHNICIAN'S SIGNATURE | | DATE | TAX | |
| | | | TOTAL | |

Thank You!