

LAWN MAINTENANCE INVOICE



TO

BUSINESS NAME
ADDRESS
PHONE:

CUSTOMER ACCOUNT NO.

PHONE NO.

INVOICE DATE

ACCOUNT TYPE

- ☐ RESIDENTIAL
☐ REGULAR
☐ COMMERCIAL
☐ 1-TIME

FREQUENCY KEY

ANNUALLY-AN 6
MONTHS 6M
3 MONTHS 3M
MONTHLY MO
BIMONTHLY-BI
WEEKLY-WK

TERMS

WORKDONE	FREQUENCY	DESCRIPTION/MATERIAL 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"/> SPRING/FALL/CLEANUP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
WIND DIRECTION N NE E SE S SW W NW	0-5 6-10 11-15	EQUIPMENT CHARGE		
DATE	TIME AM/PM	SUB TOTAL		
TECHNICIAN SIGNATURE	DATE	TAXES		
		TOTAL		

THANK YOU!