

Lawn Maintenance Invoice

001001

YOUR COMPANY NAME

Address
 CITY, STATE, ZIP CODE
 Phone Number
 Advertising Line

TO: _____

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

TERMS:

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"/>				
WIND DIRECTION		WIND SPEED		EQUIPMENT CHARGE
N NE E SE S SW W NW		0-5 6-10 11-15		
DATE		TIME		SUB-TOTAL
		A.M. P.M.		
TECHNICIAN'S SIGNATURE		DATE		TAX
				TOTAL

Thank You!