

PEST CONTROL INVOICE



BILL TO

Name:

INVOICE TOTAL:

Invoice Number:

Street:

Issued Date:

City, State, Country:

Due Date:

Phone:

Pests Treated	Method	Application Rate	Target Area	Post-Application Notes

CHEMICALS / TRAPS USED

Description	Quantity	EPA #	Unit Price	Amount
			Material Total	

LABOR

Description	Hours	\$ / Hour	Amount
Payment is due within # ____ of days.		Labor Total	
Comments or Special Instructions:		Subtotal	
		Sales Tax	
		TOTAL	