

COMMERCIAL LANDSCAPING

BILLING FORM / INVOICE

Invoice No.	
Date	
Due Date	
P.O. Number	

BILL TO

SERVICE LOCATION

DESCRIPTION OF SERVICES / MATERIALS	QTY / HRS	RATE / PRICE	TOTAL AMOUNT

SERVICE NOTES / INSTRUCTIONS

Subtotal	
Tax Rate (%)	
Tax Amount	
Total Due	

AUTHORIZED REPRESENTATIVE SIGNATURE

CLIENT ACCEPTANCE SIGNATURE