LANDSCAPING INVOICE

From

Name: _____

E-Mail: _____

Phone: _____

Street Address: _____

City, State, Zip: _____

Website: _____

Bill To

Name: _____

E-Mail: _____

Phone: _____

Street Address: _____

City, State, Zip: _____

Details

Date: _____

Invoice #: _____

Payment Due: _____

Client Details

☐ *Same as billing address*

Service Address: _____

City, State, Zip: _____

Type: ☐ Residential ☐ Commercial
☐ One-Time ☐ Regular

Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Monthly
☐ 3 Months ☐ Annually ☐ _____

Service Description	# Hours	Rate	Amount
		Total:	

Materials	Quantity	Cost	Amount
		Total:	

Notes

Accepted Payment Methods:
☐ Cash ☐ Check ☐ Credit Card ☐ ACH ☐ PayPal
☐ Other: _____

Payment Instructions:

Subtotal: _____

Discount: _____

Tax: _____

Deposit Paid: _____

Total Due: _____

Invoice Generator