INVOICE

**INVOICE NO:** 76543

**INVOICE DATE.** 01.01.25

**DUE DATE** 12.31.25

# YOUR COMPANY NAME



Address: 14256 Street Name City, State Zip Code

Phone: Email: Website:

# BILL TO

Client Name

14256 Street Name City, State Zip Code Phone:

Email:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM NO.** | **PRODUCT/SERVICE** | **QUANTITY** | **UNIT PRICE** | **TOTAL** |
| 175 | Monthly Mowing | 1 | $40.00 | $40.00 |
| 20 | Fertilization | 1 | $50.00 | $50.00 |
| 35 | Weed Control | 1 | $70.00 | $70.00 |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |

|  |  |  |
| --- | --- | --- |
| Make all checks payable to COMPANY NAME | SUBTOTAL | $160.00 |
| If you have any questions about this invoice please | DISCOUNT (0%) | $0.00 |
| contact us using the below details. | TAX (8%) | $13.20 |
| Company Phone Number, Email | **ESTIMATE TOTAL** | $173.20 |