# Lawn Maintenance Invoice

**YOUR COMPANY NAME**
Address  
CITY, STATE, ZIP CODE  
Phone Number

TO:  
__________________________________________

__________________________________________  

TERMS:  

---

<table>
<thead>
<tr>
<th>WORK DONE</th>
<th>FREQUENCY</th>
<th>DESCRIPTION / MATERIALS USED</th>
<th>UNIT</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ LAWN MOWING</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ EDGING</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ WEED CONTROL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ PRUNING / TRIMMING</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ FERTILIZING</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ SPRING / FALL CLEAN-UP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**WIND DIRECTION**
N NE E SE S SW W NW

**WIND SPEED**
0-5 6-10 11-15

**DATE**

**TIME**
A.M.  P.M.

**TECHNICIAN’S SIGNATURE**

---

**CUSTOMER ACCOUNT NO.**

**PHONE NO.**

**INVOICE DATE**

**ACCOUNT TYPE**
☐ RESIDENTIAL  ☐ COMMERCIAL  ☐ 1-TIME

**FREQUENCY KEY**
ANNUALLY = AN  6 MONTHS = 6M  
3 MONTHS = 3M  MONTHLY = MO  
BIMONTHLY = BI  WEEKLY = WK

---

**EQUIPMENT CHARGE**

**SUB-TOTAL**

**TAX**

**TOTAL**

---

**Thank You!**