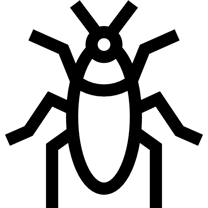
|  |  |
| --- | --- |
| +1(321)456- 7899 | Your Street |
| your@email.com | City, State, Country |
| yourwebsite.com | ZIP Code |



**PEST CONTROL**

**INVOICE**

|  |  |  |
| --- | --- | --- |
| BILL TO |  | Name: |
| Invoice Number: |  | Street: |
| Issued Date: |  | City, State, Country: |
| Due Date: |  | Phone: |

Company Name

INVOICE TOTAL:

$0.00

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 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 | |  |