|  |  |
| --- | --- |
| +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 |  |