# INVOICE

**[Your Business Name]**
[Street address]
[City, State ZIP]
[email@yourbusiness.com]
[(555) 555-0123]

BILL TO

**[Client Name]**
[Street address]
[City, State ZIP]
[client@email.com]
Pool address: [Address]

| | |
|---|---|
| **Invoice number:** | POOL-1031 |
| **Invoice date:** | 10/27/2026 |
| **Due date:** | 11/10/2026 |
| **Terms:** | Net 14 |

| SERVICE | UNIT PRICE | QUANTITY | AMOUNT |
|---|---|---|---|
| Weekly pool service<br>Visits this month | $45.00 | 4 | **$180.00** |
| Filter clean<br>Cartridge | $85.00 | 1 | **$85.00** |
| Chlorine tablets<br>Bucket, 25 lb | $110.00 | 1 | **$110.00** |
| Pump motor replacement<br>[Brand, model], 1.5 HP | $640.00 | 1 | **$640.00** |

NOTES/MEMO

Weekly service: skim, brush, vacuum, empty baskets, test and balance water. Chemicals beyond routine billed as used.

| | |
|---|---|
| **Subtotal:** | $1,015.00 |
| **Amount due:** | **$1,015.00** |