

[Your Company Logo]

Company Name
Street Address, City, State ZIP
Phone · Email · Website
License #: _____ · Insured: General Liability & Workers'
Comp

INVOICE

Invoice #: _____
Related estimate #: _____ (if applicable)
Date completed: _____
Invoice date: _____
Payment due date: _____ (15 days standard)

BILL TO

Name: _____
Address: _____
Phone: _____
Email: _____

JOB SITE (if different from Bill To)

Property address: _____

Invoice details (should match the original estimate — no surprise charges)

Description	Qty	Unit	Rate	Amount
Tree removal — species, height, access as quoted		ea.	\$ _____	\$ _____
Stump grinding — diameter _____ in		ea.	\$ _____	\$ _____
Trimming / pruning		ea./hr.	\$ _____	\$ _____
Cabling / bracing		ea.	\$ _____	\$ _____
Debris haul-away and disposal		load	\$ _____	\$ _____
Additional work approved on-site (write in, pre-approved): _____			\$ _____	\$ _____
Subtotal				\$ _____
Tax (if applicable): _____				\$ _____
Deposit already paid (subtract): _____				-\$ _____
TOTAL DUE				\$ _____

Payment

Amount due: \$ _____
Due date: _____ (15 days from invoice date, standard — adjust per your own terms)
Accepted payment methods: Cash Check Card ACH/bank transfer Online payment link
Late payment: a late fee of _____% may apply to balances unpaid after the due date (state your own policy — this line is optional).

Thank you for your business. Please remit payment by the due date above.
Questions about this invoice? Contact us at [Phone] or [Email].

[Company Name] · [Phone] · [Email] · [Website] · License #: [_____]
[Company Name] carries general liability insurance and, where applicable, workers' compensation coverage. A Certificate of Insurance (COI) is available on request.

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