INVOICE

Pool Service Invoice

YOUR BUSINESS NAME

Street address

City, State ZIP

Phone

Email

Website / license #

Invoice #

Invoice date

Due date

Payment terms

BILL TO

Customer name

Billing address

City, State ZIP

Phone

Email

Customer / account #

JOB DETAILS

Service address	Service period	Visit dates	Pool type / size
Chlorine, FC (ppm)	**pH**	**Total alkalinity (ppm)**	**Stabilizer / CYA (ppm)**

Description	Qty	Unit	Rate	Amount
Weekly pool service		visit		
Chemicals: chlorine, acid, stabilizer		lot		
Filter clean (cartridge / DE / sand)		each		
Equipment repair: parts		each		
Equipment repair: labor		hr		
Extra visit / green-pool recovery		visit		

PAYMENT METHODS ACCEPTED

- ☐ Cash
- ☐ Check
- ☐ Card
- ☐ Bank transfer (ACH)
- ☐ Zelle
- ☐ Venmo
- ☐ Other

Pay to / payment details

Subtotal	
Discount	
Tax rate (%)	
Tax	
Total	
Paid / deposit	
Balance due	

TERMS & NOTES

Monthly service billed in advance. Chemicals and repairs billed as used. Due within 14 days.

EQUIPMENT NOTES (PUMP, FILTER, HEATER, SALT CELL)

Thank you for your business.

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