SNOW REMOVAL INVOICE

SNOW REMOVAL COMPANY

Business name _____

Address _____

Phone / email _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Service agreement no. _____

BILL TO (CLIENT)

Client name _____ Attention _____

Address _____

Email _____

SITE AND PERIOD

Site _____

Service period _____

Pricing _____

PLOWING AND SHOVELING, PER PUSH

Item	Details	Qty	Unit	Rate	Amount

Plowing subtotal

SALTING AND DE-ICING

Item	Details	Qty	Unit	Rate	Amount

De-icing subtotal

EQUIPMENT HOURS

Item	Details	Qty	Unit	Rate	Amount

Equipment subtotal

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal

Sales tax, if applicable (_____%)

Amount due

SERVICE NOTES

_____

_____

Thank you. Please quote the invoice number with your payment.