

INVOICE

[Service Provider Name]

[Address Line 1]

[City, State, Zip]

[Phone Number]

Invoice #: [00000]

Date: [Date]

Due Date: [Date]

BILL TO:

[Client Name/Company]

[Client Address]

[City, State, Zip]

SERVICE LOCATION:

[Site Name/Address]

[Contact Person]

Description of Janitorial Services	Date(s)	Rate	Amount
[Standard Office Cleaning - Daily/Weekly]	[Service Period]	\$0.00	\$0.00
[Floor Waxing / Carpet Shampooing]	[Date]	\$0.00	\$0.00
[Sanitation Supplies Refill]	-	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

TOTAL DUE: \$0.00

Payment Instructions:

Please make checks payable to [Provider Name]. Payments due within [X] days. Thank you for your business.