

INVOICE

[Cleaning Company Name]
[Address Line 1]
[Phone Number]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name / Office]
[Street Address]
[City, State, Zip]

SERVICE LOCATION:

[Office Suite/Floor Number]
[Property Name]

Description of Services	Frequency	Rate	Amount
General Office Cleaning (Desks, Trash, Vacuuming)	[Daily/Weekly]	[\$[0.00]]	[\$[0.00]]
Restroom Sanitation & Restocking	[Daily/Weekly]	[\$[0.00]]	[\$[0.00]]
Floor Care (Mopping / Buffing)	[One-time]	[\$[0.00]]	[\$[0.00]]

Description of Services	Frequency	Rate	Amount
Window Cleaning (Interior)	[Monthly]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]

Tax: \$[0.00]

Total Amount: \$[0.00]

Payment Instructions:

Please make checks payable to [Company Name]. For bank transfers, use [Routing/Account Details].

Thank you for your business!