

# POST-CONSTRUCTION INVOICE

Invoice #: [000]

Date: [MM/DD/YYYY]

[Company Name]

[Street Address]

[City, State, Zip]

[Phone Number]

[Email/Website]

## Bill To:

[Client Name/Contractor]

[Company Name]

[Billing Address]

[City, State, Zip]

## Project Location:

[Project Name/Phase]

[Site Address]

[City, State, Zip]

Description of Services (Phase/Area)	Qty/Hrs	Rate	Amount
Rough Clean (Debris removal, windows, vacuum)			\$0.00
Final Interior Clean (Detailed dusting, surfaces)			\$0.00
Touch-up / Final Polish			\$0.00
Specialized Floor Care (Wax/Buff/Seal)			\$0.00

Subtotal: \$0.00

Tax: \$0.00

**Total Due: \$0.00**

**Payment Terms:** Net [30] Days. Please make checks payable to [Company Name].

Thank you for your business. For any questions regarding this invoice, please contact [Name] at [Phone].