

INVOICE

[Cleaning Company Name]
[Address Line 1]
[City, State, Zip]
[Phone / Email]

Invoice #: _____
Date: _____
Project ID: _____

CLIENT / AIRPORT AUTHORITY:

[Airport Name]
[Department/Terminal Management]
[Billing Address]
[City, State, Zip]

PROJECT DETAILS:

Terminal/Gate: _____
Service Period: _____
Purchase Order: _____

Description of Services	Sq. Footage / Hours	Rate	Amount
General Terminal Floor Maintenance			
Restroom Sanitation & Deep Clean			
Window & Glass Partition Cleaning			

Description of Services	Sq. Footage / Hours	Rate	Amount
High-Traffic Carpet Extraction			
Waste Management & Biohazard Removal			
Subtotal: \$ _____			
Tax: \$ _____			
TOTAL DUE: \$ _____			

Payment Instructions:

Please make checks payable to: [Cleaning Company Name]
 Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]
 Payment Terms: Net [30] Days