

INVOICE

Project: Bank Branch Cleaning

INVOICE #: [00000]
DATE: [MM/DD/YYYY]

SERVICE PROVIDER

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

CLIENT / BANK BRANCH

[Bank Name]
[Branch Name/ID]
[Branch Address]
[Attn: Manager Name]

Description of Services	Qty/Hours	Rate	Total
Lobby & Teller Station Deep Clean			
Office & Conference Room Sanitation			
ATM Area & Exterior Glass Cleaning			
Vault Area Floor Care (Stripping/Waxing)			

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

PAYMENT TERMS

Net [30] Days. Please make checks payable to **[Cleaning Company Name]**.

Thank you for your business.