

INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Client Property/Address]
[Contact Email/Phone]

PROJECT DETAILS:

Service Type: Commercial Cleaning
Frequency: [One-time / Recurring]
PO Number: _____

Service Description	Hours/Qty	Rate	Amount
General Office Area Cleaning			\$0.00
Floor Care & Maintenance			\$0.00
Window & Glass Sanitization			\$0.00
Specialized Disinfection Services			\$0.00
Subtotal: \$0.00			
Tax: \$0.00			

Total: \$0.00

NOTES & PAYMENT INSTRUCTIONS:

Please make checks payable to **[Company Name]**. Payment is due within [X] days of invoice date. Thank you for your business!