

FLOOR CARE INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name / Building Name]
[Attention To]
[Client Address]
[City, State, Zip]

SERVICE LOCATION:

[Building Name/Floor Number]
[Specific Area / Wing]
P.O. Number: _____

Service Description	Square Footage	Rate / SqFt	Amount
Stripping & Waxing			
High-Speed Burnishing			
Carpet Deep Extraction			
Tile & Grout Cleaning			
Concrete Sealing / Polishing			

Subtotal: \$ _____
Tax: \$ _____

Total Balance Due: \$ _____

Notes / Payment Instructions:

Please make checks payable to [Company Name]. Payments are due within [Number] days of service completion. Thank you for your business!