

**OFFICIAL INVOICE
GOVERNMENT SERVICE CONTRACT**

INVOICE

#INV-00000

Date Issued: _____

Contract Number: _____

Payment Terms: Net 30

Due Date: _____

SERVICE PROVIDER

[Company Name]

[Street Address]

[City, State, Zip]

[Tax ID / EIN]

GOVERNMENT AGENCY / BILL TO

[Department Name]

[Office Location/Floor]

[Contact Person]

[Agency Reference Code]

Service Description	Frequency / Qty	Unit Rate	Amount
General Office Janitorial Services			
Deep Carpet Cleaning & Sanitization			
Window Cleaning (Interior/Exterior)			
Hazardous Waste Disposal / Recycling			

Subtotal: \$0.00
Tax (if applicable): \$0.00
TOTAL DUE: \$0.00

Payment Instructions:

Please include Invoice Number on all remittances. Electronic Fund Transfer (EFT) preferred.

Bank Name: _____ | Account: _____ | Routing: _____

Authorized Signature: _____