

INVOICE

Housekeeping Management Services

Invoice #: _____

Date: _____

SERVICE PROVIDER

[Hotel/Company Name]

[Address Line 1]

[City, State, Zip]

[Phone/Email]

BILL TO

[Client Name/Department]

[Project Reference]

[Address Line 1]

[City, State, Zip]

Description of Services	Qty/Hrs	Rate	Amount
Deep Cleaning Project - Phase []			
Linen & Inventory Management			
Staff Training & Supervision			
Maintenance Supplies Reimbursable			
<hr/>			
Subtotal: \$0.00			
Tax (___ %): \$0.00			
Total: \$0.00			

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to: [Account Name]

Bank Transfer Info: SWIFT/IBAN [_____]

Payment Due Date: [Date]