

# INDUSTRIAL SANITIZATION INVOICE

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

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**PO #:** \_\_\_\_\_

---

## CLIENT / WAREHOUSE SITE

**[Client Name]**  
[Facility Name/ID]  
[Site Address]  
[City, State, Zip]

## PROJECT DETAILS

**Project:** [Project Name/Phase]  
**Square Footage:** \_\_\_\_\_ sq ft  
**Completion Date:** \_\_\_\_\_

| Service Description                                  | Qty/Hrs | Rate | Amount |
|--|---------|------|--------|
| Bio-Hazard Fogging / Aerosol Disinfection            |         |      |        |
| High-Touch Surface Sanitization (Racking, Conveyors) |         |      |        |
| Industrial Floor Scrubbing & Chemical Application    |         |      |        |
| HVAC Ductwork/Ventilation Cleaning                   |         |      |        |

| Service Description | Qty/Hrs | Rate | Amount |
|---------------------|---------|------|--------|
|---------------------|---------|------|--------|

PPE & Specialized Chemical Disposal Fee

---

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

**Payment Terms:** Net [30] Days. Please make checks payable to [Company Name].

**Certification:** All procedures performed in compliance with EPA and OSHA industrial safety standards.