

CLEANING SERVICES CO.

123 Construction Way
City, State, Zip
Phone: (555) 000-0000

INVOICE

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO:

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

SITE LOCATION:

[Project Name/Number]
[Site Address]
[City, State, Zip]

Description of Services (Post-Construction)	Qty/Hrs	Rate	Amount
Rough Clean (Debris removal, dust sweep)	[0]	\$0.00	\$0.00
Final Detail Clean (Windows, fixtures, floors)	[0]	\$0.00	\$0.00
Touch-up Clean (Pre-occupancy)	[0]	\$0.00	\$0.00

Description of Services (Post-Construction)	Qty/Hrs	Rate	Amount
Waste Disposal/Hauling Fees	[0]	\$0.00	\$0.00
Subtotal: \$0.00			
Tax: \$0.00			
TOTAL DUE: \$0.00			

Notes: [Insert terms or payment instructions here]

Thank you for your business!