

[YOUR COMPANY NAME]

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

INVOICE

[00000]
Date: [Date]

BILL TO:

[Client Name / Office]
[Contact Person]
[Client Address]
[Client Email]

Project Details:

Service Period: [Start] - [End]
Due Date: [Date]

Service Description	Qty/Hrs	Rate	Total
General Office Cleaning (Daily/Weekly Maintenance)			\$
Floor Care: Stripping & Waxing / Carpet Steaming			\$
Window Cleaning (Interior/Exterior)			\$

Service Description	Qty/Hrs	Rate	Total
Sanitization & Disinfection Services			\$
Subtotal:		\$ 0.00	
Tax:		\$ 0.00	
Grand Total:		\$ 0.00	

Notes: Please make checks payable to [Your Company Name]. Payment is due within [X] days. Thank you for your business!