

JANITORIAL SERVICES

[Your Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

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

BILL TO:

[Client Name / Business]
[Property Address]
[City, State, Zip]
Attn: [Contact Person]

PROJECT / SERVICE PERIOD:

[Month/Year] Recurring Service
Contract ID: [ID-Number]
Service Frequency: [Daily/Weekly/Monthly]

Service Description	Quantity / Units	Rate	Amount
Scheduled Cleaning Services General office cleaning, trash removal, and vacuuming.	[Qty]	[\$[0.00]]	[\$[0.00]]
Floor Maintenance Add-on Monthly buffing and polishing (High-traffic areas).	[Qty]	[\$[0.00]]	[\$[0.00]]

Service Description	Quantity / Units	Rate	Amount
Sanitization / Restock Fee Disinfectant fogging and restroom supply replenishment.	[Qty]	\${0.00}	\${0.00}

Subtotal: \${0.00}

Tax: \${0.00}

Balance Due: \${0.00}

Payment Instructions: Please make checks payable to [Your Company Name]. For electronic transfers, use [Bank Details/Link].

Thank you for your continued partnership.