

SERVICE INVOICE

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

Invoice #: _____

Date: _____

Due Date: _____

CLIENT / RESTAURANT

[Restaurant Name]
[Contact Person]
[Street Address]
[City, State, Zip]

SERVICE DETAILS

Service Area: [e.g. Kitchen/Dining/Exhaust]
Frequency: [One-time/Quarterly]

Description of Cleaning Service	Qty/Hrs	Rate	Amount
Commercial Kitchen Deep Clean (Degreasing)			
Exhaust Hood & Duct System Sanitization			

Description of Cleaning Service	Qty/Hrs	Rate	Amount
Floor Scrubbing & Grout Cleaning			
Appliance Detailing (Ovens, Fryers, Grills)			
Refrigeration Coil & Storage Rack Cleaning			
Subtotal: \$0.00 Tax (___%): \$0.00 Total Due: \$0.00			

Payment Terms: Please make checks payable to [Company Name]. Payment is due within [X] days.

Notes: All chemicals used are food-grade and EPA approved. Thank you for your business!