

[Contractor/Company Name]  
[Street Address]  
[City, State, Zip]  
[Phone/Email]

# INVOICE

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**BILL TO:**

[School Name]  
[Department/Attn]  
[School Address]  
[City, State, Zip]

**Invoice #:** [000001]  
**Date:** [MM/DD/YYYY]  
**Project ID:** [Project Name/Code]  
**Due Date:** [MM/DD/YYYY]

Service Description (Facility Area)	Quantity/Hours	Rate	Total
[Deep Carpet Cleaning - North Wing]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Floor Stripping & Waxing - Gymnasium]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Window Washing - Exterior/Interior]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Sanitization/Disinfection Services]	[0.00]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax: \$[0.00]

**Total Due: \$[0.00]**

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**Notes / Payment Instructions:**

Please make checks payable to [Company Name]. Payments are due within [Number] days of invoice date.