INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Client Name]
[Client Department]
[Facility Address]
[City, State, Zip]

SERVICE PERIOD

Agreement Year: 20___ - 20___
Billing Cycle: [ ] Monthly [ ] Quarterly [ ] Annual

Description of Services	Qty/Freq	Unit Price	Total
Routine Janitorial Cleaning (Per Service Agreement)			
Floor Maintenance / Carpet Care			
Window Cleaning & Specialty Services			

Description of Services	Qty/Freq	Unit Price	Total
Supplies & Consumables (Liners, Paper, Soap)			

Subtotal: $_____
Tax: $_____
Total Due: $_____

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to: **[Company Name]**
Late payments are subject to a fee of [0.0%] after [00] days.
Thank you for your continued business!