INVOICE

Commercial Cleaning Services

Invoice #: _____

Date: _____

PROVIDER

[Company Name]

[Street Address]

[City, State, Zip]

[Phone / Email]

CLIENT / BILLING

[Client Name]

[Facility Address]

[City, State, Zip]

Attn: [Contact Person]

Service Description (Contract Ref #)	Frequency	Rate	Total
Janitorial Services - General Cleaning	_____	$ _____	$ _____
Floor Care (Strip/Wax/Buff)	_____	$ _____	$ _____

Service Description (Contract Ref #)	Frequency	Rate	Total
Window Cleaning Exterior/Interior	_____	$ _____	$ _____
Supplies Reimbursement	_____	$ _____	$ _____

Subtotal: $ _____
Tax: $ _____

Total Amount Due: $ _____

TERMS & NOTES

Payment is due within [XX] days. Please make checks payable to **[Company Name]**.

Late payments may be subject to a [X]% monthly finance charge as per the Service Agreement.

Thank you for your business!