[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: [00000]
Date: [Date]
Service Period: [MM/DD - MM/DD]

BILL TO

[Client Name/Entity]
[Attention: Name/Dept]
[Street Address]
[City, State, Zip]

FACILITY LOCATION

[Property Name/Building ID]
[Street Address]
[City, State, Zip]

Service Description	Frequency	Rate/Unit	Amount
Recurring Contract Services General office cleaning, trash removal, vacuuming, restroom sanitation	Monthly	$0.00	$0.00
Floor Maintenance Stripping, waxing, or carpet steam cleaning	One-time	$0.00	$0.00

Service Description	Frequency	Rate/Unit	Amount
Window Cleaning Services Interior and exterior glass surfaces	Quarterly	$0.00	$0.00
Consumable Supplies Paper towels, soap, liners, and hygiene products	Per Order	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00
TOTAL DUE: $0.00

NOTES & TERMS

Payment is due within [Number] days. Please make checks payable to **[Company Name]**. For ACH or Wire transfers, use the following: [Bank Name] | [Account #] | [Routing #]. A late fee of [0]% may be applied to overdue balances.