SERVICE INVOICE

Invoice #: _____
Date: _____

SERVICE PROVIDER

_____
_____
_____

CLIENT / VENUE

_____
_____
_____

EVENT NAME / REFERENCE

_____

EVENT DATE(S)

_____

Description of Janitorial Services	Hours/Qty	Rate	Amount
Pre-Event Deep Clean			
During-Event Porter Service			
Post-Event Breakdown & Sanitation			
Waste Removal & Disposal Fees			
Specialized Floor Care / Restocking			

Subtotal: $_____

Tax: $_____

Total Due: $_____

PAYMENT TERMS & NOTES

Please make checks payable to the service provider listed above. Payment is due within ____ days of event completion.

Authorized Signature: _____ Date: _____