INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Client Name]
[Client Business Name]
[Address]
[City, State, Zip]

SERVICE LOCATION

[Facility Name/Site]
[Site Address]
[Contract Reference #]

SERVICE DESCRIPTION / AGREEMENT ITEM	SERVICE PERIOD	RATE	AMOUNT
Standard Monthly Janitorial Maintenance	[MM/DD] - [MM/DD]	$ 0.00	$ 0.00
Floor Care (Stripping/Waxing)	[Date]	$ 0.00	$ 0.00
Consumable Supplies (Paper/Soap)	n/a	$ 0.00	$ 0.00

SERVICE DESCRIPTION / AGREEMENT ITEM	SERVICE PERIOD	RATE	AMOUNT
Additional Special Request Services	[Date]	$ 0.00	$ 0.00

Subtotal: $ 0.00
Tax Rate (0%): $ 0.00
Total Due: $ 0.00

Payment Terms: Net [30] Days. Please make checks payable to **[Company Name]**.

Notes: Services performed in accordance with the signed Service Agreement dated [Date]. Thank you for your business.