INVOICE

[Janitorial Company Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____

BILL TO:

[Client Name / Company]
[Service Address]
[Contact Email]

SERVICE PERIOD:

From: _____
To: _____

Service Description	Frequency	Rate	Amount
General Office Cleaning			
Floor Care (Mopping/Vacuuming)			
Sanitization & Disinfection			
Restroom Maintenance/Supplies			
Special Services / Add-ons			

Subtotal: $_____
Tax: $_____

TOTAL DUE: $_____

Payment Terms: Due within ____ days. Please make checks payable to **[Company Name]**.

Thank you for your business!