SERVICE INVOICE

Invoice #: _____
Date: _____

SERVICE PROVIDER
BILL TO

SERVICE PERIOD

Month of: _____ 20____

DESCRIPTION OF SERVICES	FREQUENCY	AMOUNT
Monthly Janitorial Contract Fee	Monthly	
Specialized Floor Care / Carpets		
Additional Supply Replenishment		
Other:		

Subtotal: $ _____
Tax: $ _____
Total Due: $ _____

Terms: Payment is due within _____ days. Please make checks payable to the service provider listed above.

Notes: