INVOICE

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

Invoice #: _____
Date: _____
Agreement #: _____

Bill To:

[Client Name / Company]
[Office Address]
[Contact Person]

Service Period:

[Start Date] - [End Date]

Description of Service	Frequency	Rate	Amount
General Office Cleaning (Vacuum, Trash, Dusting)			
Restroom Sanitation & Restocking			
Floor Care (Mopping/Buffing)			
Specialized Services (Windows/Carpet)			

Subtotal: $ _____
Tax: $ _____

Total Due: $ _____

Notes / Terms:

Payment is due within [Number] days. Please make checks payable to [Company Name].

Thank you for your business!