JANITORIAL SERVICES

123 Service Lane
City, State, Zip
Email: contact@company.com
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

Client Name/Company
Street Address
City, State, Zip
Attn: Accounts Payable

SERVICE LOCATION

Site Name/Building
Street Address
City, State, Zip

Description of Services	Service Period / Frequency	Rate	Amount
Regular Contract Cleaning Services	_____	$_____	$_____
Floor Maintenance (Waxing/Buffing)	_____	$_____	$_____

Description of Services	Service Period / Frequency	Rate	Amount
Window Cleaning & Glass Care	_____	$_____	$_____
Supplies & Consumables Reimbursement	_____	$_____	$_____

Subtotal: $_____
Tax (___%): $_____
Total Amount Due: $_____

Payment Terms: Net 30 days. Please make checks payable to **Janitorial Services**.

Notes: Thank you for your continued business. Professional cleaning standards maintained per contract agreement.