CLEANING SERVICE AGREEMENT INVOICE

INVOICE #: _____

SERVICE PROVIDER

Company Name: _____
Address: _____
Phone: _____
Email: _____

CLIENT (RESTAURANT)

Restaurant Name: _____
Contact Person: _____
Service Address: _____
Date: _____

Service Description (Kitchen, Dining, Hood, etc.)	Frequency	Rate	Amount

Subtotal: $ _____
Tax: $ _____

Total Due: $ _____

Notes / Special Instructions:

_____
Service Provider Signature

_____
Client Signature / Authorization

Thank you for your business!