INVOICE

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

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[School Name]
[Department/Contact Person]
[School Address]
[City, State, Zip]

SERVICE PERIOD:

[Start Date] to [End Date]
Contract Ref: [Agreement Number]

Description of Cleaning Services	Frequency	Rate	Total
General Classrooms & Hallways Maintenance	[Daily/Weekly]	$0.00	$0.00
Restroom Sanitization & Supplies Refill	[Daily]	$0.00	$0.00
Gymnasium & Cafeteria Deep Clean	[Monthly]	$0.00	$0.00
Floor Waxing / Window Cleaning (Special Request)	[One-time]	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00

Total Amount Due: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Cleaning Company Name]**.
Bank Transfers: [Routing #] / [Account #]
Thank you for your business!