JANITORIAL SERVICE

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

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Client Name]
[Client Company]
[Street Address]
[City, State, Zip]

SERVICE LOCATION

[Facility Name/Site]
[Site Address]
[City, State, Zip]

Description of Services	Service Date / Period	Amount
Monthly Contract Maintenance Service	[Start] to [End]	$ 0.00
Specialty Floor Care / Carpet Cleaning	[Date]	$ 0.00
Consumable Supplies Reimbursement	[Month]	$ 0.00

Description of Services	Service Date / Period	Amount
Additional / Emergency Cleanup	[Date]	$ 0.00

Subtotal: $ 0.00
Sales Tax: $ 0.00
Total Due: $ 0.00

Payment Terms: Net [Number] Days. Please make checks payable to **[Business Name]**.

Thank you for your business!