JANITORIAL INVOICE

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

Invoice #: *00000*
Date: *MM/DD/YYYY*
Due Date: *MM/DD/YYYY*

BILL TO

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

SERVICE LOCATION

[Facility Name/Dept]
[Street Address]
[City, State, Zip]

Description of Services (Contract Period: [Dates])	Frequency	Rate	Amount
Standard Office Cleaning (Trash, Dusting, Vacuuming)	*Daily*	*$0.00*	*$0.00*
Floor Maintenance (Mopping/Buffing)	*Weekly*	*$0.00*	*$0.00*
Restroom Sanitation & Supplies Restocking	*Daily*	*$0.00*	*$0.00*
Additional Services / Special Requests	*One-time*	*$0.00*	*$0.00*

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

NOTES / PAYMENT INSTRUCTIONS

Please make all checks payable to **[Service Provider Name]**. Payment is due within [Number] days of invoice date. Thank you for your business.