

BUSINESS LOGO

INVOICE

RECURRING SERVICE

#INV-0000

Date: [Date]

Due Date: [Date]

PROVIDER

[Company Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

BILL TO

[Client Name/Project Manager]

[Construction Site/Project Name]

[Billing Address]

[City, State, Zip]

Phase / Service Description	Phase #	Rate/SqFt	Total
Rough Clean: Debris removal, site prep, window scraping.	[01]	\$0.00	\$0.00
Final Clean: Detailed dusting, floor polishing, fixtures.	[01]	\$0.00	\$0.00
Touch-Up: Pre-walkthrough detailing and glass.	[01]	\$0.00	\$0.00
Additional: [Pressure Wash / Exterior / Hauling]	-	-	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Balance Due: \$0.00

Frequency: [Weekly / Bi-Weekly / Monthly / Per Phase]

Payment Terms: Net [30] days. Please include invoice number with payment.

Project Notes: Post-construction cleaning following OSHA safety guidelines. All equipment and chemicals provided by contractor.