

[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: [00000]
Date: [Date]
Billing Cycle: [Month/Year]

BILL TO

[Client Name]
[Attn: Billing Department]
[Client Address]
[Client City, State, Zip]

SERVICE LOCATION

[Facility Name]
[Service Street Address]
[Service City, State, Zip]

Service Description	Frequency	Unit Price	Amount
Janitorial Maintenance - Monthly Base Contract	[Recurring]	\$0.00	\$0.00
Floor Care / Carpet Cleaning Add-on	[Monthly]	\$0.00	\$0.00

Service Description	Frequency	Unit Price	Amount
Consumable Supplies (Paper/Soap/Liners)	[Per Usage]	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total Due: \$0.00

NOTES & PAYMENT INSTRUCTIONS

Please make all checks payable to [Company Name]. Net [30] Days. Payments via ACH or Credit Card can be processed through our online portal.

Thank you for your continued partnership!