

INVOICE

[Maintenance Company Name]
[Address Line 1]
[Phone Number]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Billing Cycle: [Monthly/Quarterly]

BILL TO:

[Facility/Client Name]
[Attn: Facility Manager]
[Address Line 1]

SERVICE LOCATION:

[Site Name/ID]
[Site Address]

SERVICE DESCRIPTION	FREQUENCY	RATE	AMOUNT
Scheduled Preventive Maintenance (HVAC/Electrical)	Recurring	\$0.00	\$0.00
Janitorial & Sanitary Services	Recurring	\$0.00	\$0.00
Landscaping & Grounds Upkeep	Recurring	\$0.00	\$0.00

SERVICE DESCRIPTION	FREQUENCY	RATE	AMOUNT
On-site Consumables Replenishment	Usage Based	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Payment Terms: Net 30. Please make checks payable to [Company Name].

Notes: This is a recurring maintenance invoice. For emergency repairs outside of this scope, please refer to work order attachments.