

[CLEANING COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name/Company]
[Office Address]
[Attention To]
[Email Address]

SERVICE LOCATION:

[Facility Name/Suite #]
[Specific Address Details]

Service Description	Qty/Hrs	Rate	Amount
Regular Office Maintenance (Janitorial)			
Floor Care: Strip / Wax / Buff			

Service Description	Qty/Hrs	Rate	Amount
Window Cleaning & Sanitization			
Supply Replenishment (Paper/Soap)			
Subtotal: \$0.00			
Tax Rate: 0%			
Total Due: \$0.00			

Payment Instructions:

Please make checks payable to [Company Name].

For Bank Transfers: [Bank Name] | Acc: [Number] | Routing: [Number]

Thank you for your business!