

# INVOICE

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

**Invoice #:** [00000]  
**Date:** [Date]  
**Due Date:** [Date]

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**BILL TO:**

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

**SERVICE LOCATION:**

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

Service Date	Description of Janitorial Services	Qty/Hrs	Rate	Amount
[Date]	Standard Cleaning (Daily/Weekly Office Maintenance)			\$0.00
[Date]	Deep Cleaning / Floor Waxing & Strip			\$0.00

Service Date	Description of Janitorial Services	Qty/Hrs	Rate	Amount
[Date]	Window Washing (Interior/Exterior)			\$0.00
-	Supply Replenishment (Soap, Paper, Liners)			\$0.00

**NOTES / PAYMENT INSTRUCTIONS:**

Please make checks payable to: [Company Name]  
Bank Transfer: [Bank Name] | [Account Number]  
Terms: Net [30] Days.

Subtotal: \$0.00  
Tax Rate (0%): \$0.00  
Total Due: \$0.00

Thank you for your business!