

CLEANING SERVICES INC.

123 Business Way, Suite 100
City, State, Zip
contact@cleaningcorp.com

INVOICE

Date: [Date]
Invoice #: [0000]
Due Date: [Date]

BILL TO:

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

SERVICE LOCATION:

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

Service Description	Quantity	Rate	Amount
Janitorial Services - General Office Cleaning	-	-	\$0.00
Floor Maintenance (Buffing/Waxing)	-	-	\$0.00

Service Description	Quantity	Rate	Amount
Window Cleaning - Exterior/Interior	-	-	\$0.00
Supplies & Consumables Refill	-	-	\$0.00
Subtotal: \$0.00			
Tax (0%): \$0.00			
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Total: \$0.00			

Payment Terms: Net 30. Please make checks payable to "Cleaning Services Inc."

Thank you for your business!