

INVOICE

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

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

[Client Name]
[Office Building Name]
[Street Address]
[Attn: Name/Department]

Service Location:

[Office Building/Suite #]
[Specific Floor/Area]

Service Description / Tasks	Frequency	Rate/Qty	Amount
General Office Cleaning Dusting, vacuuming, trash removal, surface wiping.	[Weekly]	\$0.00	\$0.00
Restroom Sanitation Disinfecting fixtures, restocking supplies, floor mopping.	[Daily]	\$0.00	\$0.00

Service Description / Tasks	Frequency	Rate/Qty	Amount
Breakroom / Kitchenette Microwave cleaning, sink disinfection, table wiping.	[Daily]	\$0.00	\$0.00
Specialized Services Carpet steam cleaning / Window washing / Floor waxing.	[One-time]	\$0.00	\$0.00
Supplies Reimbursement Liners, paper towels, soap refills.	-	\$0.00	\$0.00
			Subtotal: \$0.00
			Tax (0%): \$0.00
			Grand Total: \$0.00

Payment Instructions: [e.g., Please make checks payable to Your Company Name or pay via Bank Transfer.]

Notes: All cleaning performed after hours as per contract agreement. Thank you for your business!