

CLEANING INVOICE

[Service Provider Name]
[Address Line 1]
[Phone Number] | [Email]

Invoice #: [000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Gym/Fitness Center Name]
[Contact Person Name]
[Gym Address Line 1]
[City, State, Zip]

Service Description (Area/Task)	Frequency/Qty	Rate	Amount
Cardio & Weight Floor Deep Clean	[Qty]	[\$0.00]	[\$0.00]
Locker Room & Shower Sanitization	[Qty]	[\$0.00]	[\$0.00]
Yoga Studio / Group Class Area	[Qty]	[\$0.00]	[\$0.00]
Equipment Disinfection (High Touch)	[Qty]	[\$0.00]	[\$0.00]

Subtotal: [\$0.00]

Tax: [\$0.00]

Total Amount Due: [\$0.00]

Payment Instructions:

Please make checks payable to **[Service Provider Name]**.

Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for helping us keep your facility healthy and clean!