

# INVOICE

[Company Name]  
[Street Address]  
[City, State, Zip]  
[Phone/Email]

**Invoice #:** [00001]  
**Date:** [Date]  
**Due Date:** [Date]

**Bill To:**  
[Client Name]  
[Client Address]  
[Contact Information]  
**Service Location:**  
[Facility Name/Address]  
[Service Period: Month/Year]

Description of Services	Frequency	Rate	Amount
General Cleaning (Offices & Common Areas)	[Weekly]	[\$[0.00]]	[\$[0.00]]
Floor Care (Buffing/Waxing)	[Monthly]	[\$[0.00]]	[\$[0.00]]
Window Cleaning	[One-time]	[\$[0.00]]	[\$[0.00]]
Supplies (Restocking/Liners)	-	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax: \$[0.00]

**Total Due: \$[0.00]**

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**Notes/Payment Instructions:**

Please make checks payable to [Company Name]. Payments due within [15/30] days.

Thank you for your business!