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

INVOICE

[00000]
Date: [MM/DD/YYYY]

BILL TO:

[Medical Facility Name]
[Department/Attn]
[Facility Address]
[City, State, Zip]

SERVICE DETAILS:

Period: [Start Date] - [End Date]
PO Number: [Number]
Due Date: [MM/DD/YYYY]

SERVICE DESCRIPTION (AREA/TASK)	FREQUENCY/QTY	RATE	AMOUNT
General Exam Room Disinfection	[Qty]	$[0.00]	$[0.00]
Biohazard Waste Disposal Handling	[Qty]	$[0.00]	$[0.00]
Surgical Suite Terminal Cleaning	[Qty]	$[0.00]	$[0.00]
Waiting Area & High-Touch Sanitation	[Qty]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax/Fees: $[0.00]
Balance Due: $[0.00]

Payment Terms: Net [30] days. Please make checks payable to [Cleaning Company Name].

All services performed in accordance with OSHA Bloodborne Pathogens Standards and CDC Healthcare Disinfection Guidelines.