

INVOICE

Maintenance Provider Co.

123 Service Lane
City, State, Zip

Invoice #: _____

Date: _____

Billing Period: _____

Bill To:

Client Name / Company
Office Address
City, State, Zip

Description of Services	Date	Rate/Price	Total
General Cleaning & Janitorial	Monthly	\$	\$
HVAC Filter Replacement & Inspection		\$	\$
Electrical & Lighting Maintenance		\$	\$
Plumbing Inspection & Minor Repairs		\$	\$
Waste Management & Recycling		\$	\$

Subtotal: \$ _____

Tax: \$ _____

Grand Total: \$ _____

Payment Instructions:

Please make checks payable to **Maintenance Provider Co.**

Bank Transfer: Acct # _____ | Sort Code: _____

Due Date: Net 30 days from invoice date.