

INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

Client Name / Contractor
Project Address
City, State, Zip

Project Details:

Job Name: _____
Square Footage: _____

Description of Services	Qty / Hours	Rate	Total
Rough Clean (Debris removal, initial vacuuming)			
Final Clean (Windows, detailing, surfaces)			
Touch-Up Clean (Post-punch list)			

Description of Services

Qty / Hours

Rate

Total

Supplies / Equipment Fee

Subtotal: \$ _____

Tax: \$ _____

Balance Due: \$ _____

Payment Terms: Net 30 days. Please make checks payable to _____.

Thank you for your business!