

# INVOICE

[Sanitation Company Name]  
[Street Address]  
[City, State, Zip]

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

## BILL TO:

[Restaurant Name]  
[Contact Person]  
[Address Line 1]  
[Address Line 2]

## SERVICE DETAILS:

Service Date: \_\_\_\_\_  
Service Frequency:  One-time  Monthly  
Technician Name: \_\_\_\_\_

Description of Sanitation Services	Area(s) Treated	Rate	Amount
Deep Kitchen Degreasing & Sanitization	_____	\$	\$
HVAC/Vent Hood Sanitizing	_____	\$	\$
Front-of-House Surface Antimicrobial Coating	_____	\$	\$
Restroom Deep Clean & Disinfection	_____	\$	\$
Waste Disposal Area Treatment	_____	\$	\$
Subtotal: \$			_____
Tax: \$			_____

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**TOTAL DUE: \$ \_\_\_\_\_**

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**Notes & Payment Instructions:**

Please make checks payable to: [Sanitation Company Name]

Net 30 payment terms. This service complies with local health department sanitation standards.

*Thank you for helping keep your dining environment safe.*