

CLEANING INVOICE

[Service Provider Name] _____

[Contact Info/Address] _____

Invoice #: _____

Date: _____

BILL TO (RETAIL STORE)

[Store Name] _____

[Manager Name / Dept] _____

[Store Address] _____

SERVICE DETAILS

Service Date: _____

PO Number: _____

Description of Cleaning Services	Qty/Hrs	Rate	Amount
Retail Floor Scrubbing/Waxing			
Window & Glass Display Cleaning			
Restroom Sanitization & Restocking			
General Dusting & Debris Removal			

Subtotal: \$ _____
Tax: \$ _____
TOTAL DUE: \$ _____

PAYMENT TERMS & NOTES

Please make checks payable to: _____

Payment is due within [XX] days of service completion.