

# CLEANING INVOICE

[Cleaning Company Name]

[Company Address]

[Phone / Email]

INVOICE #: \_\_\_\_\_

DATE: \_\_\_\_\_

DUE DATE: \_\_\_\_\_

---

**BILL TO:**

[School Name]

[Department/Attention]

[School Address]

**SERVICE LOCATION:**

[Campus/Building Name]

[Specific Areas Covered]

Description of Services	Quantity/Hours	Rate	Total
General Classroom Sanitization			
Gymnasium & Locker Room Deep Clean			
Cafeteria & Kitchen Floor Care			
Restroom Sanitation & Restocking			
Window / Glass Cleaning			

Subtotal: \$0.00

Tax: \$0.00

Amount Due: \$0.00

---

**NOTES / PAYMENT INSTRUCTIONS:**

Please make checks payable to [Cleaning Company Name]. Standard 30-day payment terms apply unless otherwise specified.  
Thank you for your business.