

INVOICE

[Your Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: [00001]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

BILL TO

[Client Name]
[Facility Name/Attention]
[Client Address]
[City, State, Zip]

SERVICE LOCATION

[Facility Name]
[Service Address]
[City, State, Zip]

Description of Service	Qty/Hours	Rate	Amount
[Service Item: e.g., Monthly Office Cleaning]	[0]	[\$[0.00]]	[\$[0.00]]
[Additional Service: e.g., Carpet Steam Cleaning]	[0]	[\$[0.00]]	[\$[0.00]]

Description of Service	Qty/Hours	Rate	Amount
[Supplies/Consumables Reorder]	[0]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]
Tax Rate: [0]%
Total Due: \$[0.00]

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to: **[Your Company Name]**

Bank Transfer / Wire: [Routing & Account Number Information]

Thank you for your business!