

INVOICE

Company Name: _____

Address: _____

Phone: _____

Invoice #: _____

Date: _____

Week Ending: _____

BILL TO

Client Name: _____

Address: _____

Contact: _____

SERVICE LOCATION

Facility Name: _____

Address: _____

Service Date	Description of Services (Cleaning/Maintenance)	Hours	Rate	Total
Monday	General office cleaning, trash removal, restrooms	_____	\$_____	\$_____
Tuesday	_____	_____	\$_____	\$_____
Wednesday	General office cleaning, floor care	_____	\$_____	\$_____
Thursday	_____	_____	\$_____	\$_____
Friday	General office cleaning, sanitization, restocking	_____	\$_____	\$_____
Weekend	(Optional) _____	_____	\$_____	\$_____

Service Date	Description of Services (Cleaning/Maintenance)	Hours	Rate	Total
Supplies Provided: (Trash liners, soap, paper)		--	--	\$_____

Subtotal: \$_____

Tax: \$_____

Total Due: \$_____

Payment Terms: Due within 15 days. Please make checks payable to: _____

Thank you for your business!