COMMERCIAL LAUNDRY & LINEN

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

INVOICE

Invoice #: _____
Date: _____

BILL TO:

_____
_____
_____
Attn: _____

SERVICE PERIOD:

From: _____
To: _____
Route #: _____

Item Description (Linen/Uniform/Service)	Service Type	Quantity / Weight	Unit Price	Total

Item Description (Linen/Uniform/Service)	Service Type	Quantity / Weight	Unit Price	Total

Subtotal: $ _____
Environmental/Fuel Surcharge: $ _____
Sales Tax: $ _____
TOTAL DUE: $ _____

Notes / Special Instructions:

_____

Terms: Net [30] Days. Please make checks payable to [Company Name].