INVOICE

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

Invoice #: _____

Date: _____

Account #: _____

BILL TO

[Customer Name]
[Business Name]
[Address]
[Phone/Email]

SERVICE LOCATION

[Route/Driver ID]
[Service Frequency]
[Next Delivery Date]

Item Description	Service Type	Qty	Unit Price	Amount
Uniform Set (Shirt/Pants)	Rental & Laundering			
Linen Napkins (Pack)	Laundering			
Tablecloths (White)	Rental			

Item Description	Service Type	Qty	Unit Price	Amount
Floor Mats	Exchange			
Environmental/Service Fee	Fixed	1		
Subtotal:				$0.00
Sales Tax:				$0.00
Total Due:				**$0.00**

Terms: Payment due upon receipt or within [X] days. Please report any shortages within 24 hours of delivery.

Thank you for your business!