

TAX INVOICE

[Your Commercial Cleaning Company Name]
[Business Registration/Tax ID Number]
[Address Line 1]
[City, State, Zip]
[Phone Number] | [Email]

Invoice #: [00001]
Date: [Date]
Due Date: [Date]

Bill To:

[Client Name/Company]
[Client Address]
[City, State, Zip]
[Contact Email]

Service Location:

[Facility Name/Address]
[Suite/Floor Number]

Description of Service	Frequency	Rate	Amount
[e.g., General Office Cleaning - Weekly]	[Qty/Hours]	[\$[0.00]]	[\$[0.00]]
[e.g., Floor Waxing/Deep Carpet Clean]	[Qty/Hours]	[\$[0.00]]	[\$[0.00]]
[e.g., Cleaning Supplies/Consumables]	[Flat Rate]	[\$[0.00]]	[\$[0.00]]
Subtotal: \$[0.00]			
Tax ([0] %): \$[0.00]			
Total Due: \$[0.00]			

Payment Instructions:

Bank Name: [Name] | Account Name: [Name] | Account Number: [00000000]

Payment Reference: [Invoice Number]

Terms: Payment is due within [X] days. Thank you for your business.