

TAX INVOICE

[Cleaning Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / Registration No.]

Invoice No: _____
Date: _____
Due Date: _____

Bill To:

[Hospital/Facility Name]
[Department/Attn]
[Address Line 1]
[Address Line 2]

Description of Services (Sanitization/Janitorial)	Hours/Qty	Rate	Amount
[Service Description - e.g., OR Sterilization]			
[Service Description - e.g., Ward Maintenance]			
[Service Description - e.g., Biohazard Waste Handling]			

Subtotal: \$0.00
Tax (___%): \$0.00

Total Due: \$0.00

Payment Terms: [e.g. Net 30 Days]

Bank Details: [Bank Name] | **Account:** [Number] | **SWIFT:** [Code]

Certified Hospital Grade Cleaning Standards Applied