

INVOICE

Commercial Cleaning Services

Invoice #: _____

Date: _____

SERVICE PROVIDER

Name: _____

Address: _____

Phone: _____

CLIENT / FACILITY

Company: _____

Location: _____

Attention: _____

Date	Staff Name	Area / Task Description	Hours	Rate	Total

Date	Staff Name	Area / Task Description	Hours	Rate	Total
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Subtotal: \$ _____
 Supplies/Misc: \$ _____
 Tax: \$ _____
 TOTAL DUE: \$ _____

PAYMENT INSTRUCTIONS

Terms: Net _____ Days. Please make checks payable to _____.

Thank you for your business!