

JANITORIAL SERVICES INC.

123 Service Way, Clean City, ST 90210
contact@janitorialservices.com | (555) 012-3456

INVOICE

Invoice #: [000000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Name / Company]
[Street Address]
[City, State, Zip]
[Attn: Accounts Payable]

SERVICE LOCATION:

[Facility Name/Floor]
[Street Address]
[City, State, Zip]

Description of Services	Frequency	Rate	Amount
Daily Commercial Cleaning (General Areas)	[Qty/Days]	[\$[0.00]]	[\$[0.00]]
Floor Maintenance & Waxing	[Service]	[\$[0.00]]	[\$[0.00]]
Window Cleaning (Interior/Exterior)	[Service]	[\$[0.00]]	[\$[0.00]]

Description of Services	Frequency	Rate	Amount
Sanitation Supplies Refill	[Lump Sum]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]

Tax ([0] %): \$[0.00]

Total Amount: \$[0.00]

Payment Terms: Net [30] Days. Please make checks payable to **Janitorial Services Inc.**

Notes: Thank you for your continued partnership. For billing inquiries, please contact the finance department.