

JANITORIAL SERVICES

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Date: [MM/DD/YYYY]
Invoice #: [00001]

BILL TO:

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

SERVICE LOCATION:

[Facility Name/Site ID]
[Street Address]
[City, State, Zip]

SERVICE DATE / PERIOD	DESCRIPTION OF LABOR & TASKS	QTY / HOURS	RATE	AMOUNT
[Date Range]	Standard Office Cleaning: Vacuuming, dusting, trash removal, restroom sanitation.	[0.00]	[\$[0.00]]	[\$[0.00]]
[Date]	Floor Maintenance: Stripping, waxing, or deep carpet extraction.	[0.00]	[\$[0.00]]	[\$[0.00]]

SERVICE DATE / PERIOD	DESCRIPTION OF LABOR & TASKS	QTY / HOURS	RATE	AMOUNT
[Date]	Window/High Dusting: Exterior/interior glass and HVAC vent cleaning.	[0.00]	[\$0.00]	[\$0.00]
[N/A]	Supplies Reimbursement: (Liners, soaps, paper products)	[1]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]
Tax Rate: [0]%
Tax Amount: \$[0.00]
TOTAL DUE: \$[0.00]

Payment Terms: Net [30] Days. Please make checks payable to **[Company Name]**.

Notes: All labor performed according to Service Agreement #[000].