

# INVOICE

[Facility Management Company Name]  
[Street Address]  
[City, State, Zip]  
[Phone / Email]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

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## BILL TO:

[Client Name / Facility]  
[Client Address]  
[Attn: Contact Person]

**SERVICE LOCATION:**  
[Building Name/Site ID]  
[Service Address]

Service Description	Frequency / Hours	Rate	Amount
Daily Janitorial Maintenance			
Floor Care (Wax/Buff)			
Window Cleaning Services			
Sanitization & Disinfection			

Service Description	Frequency / Hours	Rate	Amount
Supply Replenishment (Consumables)			

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

**Total Due: \$ \_\_\_\_\_**

**Payment Terms & Notes:**

Please make checks payable to: [Company Name]

Electronic transfer details: [Bank Name / Account # / Routing #]

Thank you for your business!