

# INVOICE

Contractor Name: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

Period: \_\_\_\_\_

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Bill To:

Service Location/Building: \_\_\_\_\_

Date	Description of Services (General/Deep Clean/Supplies)	Hours	Rate	Total

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

Supplies/Reimbursable: \$ \_\_\_\_\_

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

Total Amount Due: \$ \_\_\_\_\_

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Contractor Signature

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Client Approval Signature