

JANITORIAL WORK ORDER

Company Name
Address Line 1
Phone: (555) 000-0000

Order #: _____
Date: _____
Due Date: _____

CLIENT / BILLING INFO

Name: _____
Address: _____
City/State: _____
Contact: _____

JOB SITE LOCATION

Site Name: _____
Address: _____
Start Time: _____ End: _____
Frequency: One-Time Monthly

SERVICES PERFORMED

Description of Service / Area Cleaned	Qty/Hrs	Rate	Total

CLEANING CHECKLIST TASKS

- Dusting / Cobwebs
- Trash Removal
- Restroom Sanitization
- Vacuuming / Sweeping

- Mopping / Hard Floors
- Glass / Mirror Cleaning
- Kitchen / Breakroom
- Surface Disinfection
- Window Sill/Ledges

Subtotal: \$ _____

Tax: \$ _____

Total Amount: \$ _____

ADDITIONAL NOTES

Service Technician Signature

Client Acceptance Signature

Thank you for your business. Payment is due within 30 days.