

INVOICE

[Your Business Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Client Property/Address]
[Contact Email]

TIMESHEET & SERVICE LOG

DATE	CLEANER/STAFF	TASKS PERFORMED	HOURS	RATE	TOTAL
[Date]	[Name]	General Cleaning / Floor Care	0.00	\$0.00	\$0.00
[Date]	[Name]	Restroom Sanitation	0.00	\$0.00	\$0.00
[Date]	[Name]	Window / Detail Work	0.00	\$0.00	\$0.00

SUPPLIES & ADDITIONAL CHARGES

ITEM DESCRIPTION	QUANTITY	UNIT COST	AMOUNT
Cleaning Supplies Refill (Liners, Soap, Paper)	0	\$0.00	\$0.00
Specialty Equipment Rental	0	\$0.00	\$0.00
Subtotal: \$0.00			
Tax: \$0.00			
Total Amount: \$0.00			

Notes: [Insert payment instructions or thank you message here]

Terms: Payment is due within [X] days. Please make checks payable to [Business Name].