

INVOICE

[Cleaning Company Name]
[Address Line 1]
[Phone / Email]

INVOICE NUMBER

#00000

DATE

[Date]

BILL TO

[Client Name / Office Name]

[Attn: Contact Person]

[Office Address Line 1]

[Office Address Line 2]

SERVICE PERIOD

[Start Date] to [End Date]

FREQUENCY

[e.g., Weekly / Bi-Weekly / Daily]

Service Description	Quantity/Visits	Rate	Amount
Recurring Office Cleaning Service	0	\$0.00	\$0.00
Specialty Floor Care / Add-on	0	\$0.00	\$0.00
Consumables Refill (Liners, Paper, Soap)	0	\$0.00	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00

Total Amount Due: \$0.00

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to **[Cleaning Company Name]**. Payment is due within [X] days. Thank you for your continued business!