

INVOICE

Sanitation Company Name

Street Address

City, State, Zip

Invoice #: [0000]

Date: [MM/DD/YYYY]

Bill To:

[Client Name]

[Client Address]

Service Location:

[Facility/Site Name]

[Site Address]

Date	Service Description / Waste Type	Hours/Qty	Rate	Total
[Date]	General Site Cleaning / Sanitation	0.00	\$0.00	\$0.00
[Date]	Biohazard Disposal / Waste Removal	0.00	\$0.00	\$0.00
[Date]	Equipment Sanitization	0.00	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Grand Total: \$0.00

Notes: All sanitation services performed according to health and safety regulations.

Payment Terms: Net 30. Please make checks payable to Sanitation Company Name.