

INVOICE

[Service Provider Name]

[Address Line 1]

[City, State, Zip]

[Phone/Email]

Invoice #: _____

Date: _____

Service Week: _____

BILL TO:

[Client Name]

[Business Name]

[Address Line 1]

[City, State, Zip]

Day	Description of Services	Hours	Rate	Amount
Monday	Standard Janitorial Cleaning			
Tuesday	Standard Janitorial Cleaning			
Wednesday	Standard Janitorial Cleaning			
Thursday	Standard Janitorial Cleaning			
Friday	Standard Janitorial Cleaning			

Day	Description of Services	Hours	Rate	Amount
Weekend	[Deep Clean / Special Request]			
-	Supplies / Materials Reimbursement	-	-	
Subtotal: \$ _____				
Tax: \$ _____				
TOTAL DUE: \$ _____				

Notes:

[Payment terms, e.g., Net 15]

[Payment methods accepted]