

CLEANING CO.

123 Service Lane
City, State, ZIP
Email: contact@cleaningco.com

INVOICE

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

BILL TO:

[Client Company Name]
[Attn: Contact Name]
[Office Address]
[City, State, ZIP]

Description of Services	Frequency/Hours	Rate	Total
General Office Cleaning (Daily/Weekly)			
Floor Care / Carpet Steam Cleaning			
Window Cleaning & Sanitization			
Cleaning Supplies / Consumables			

Subtotal: \$0.00
Tax: \$0.00
Balance Due: \$0.00

Payment Instructions:

Please make checks payable to "Cleaning Co." or pay via Bank Transfer.
Thank you for your business!