[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]
PO #: [Optional]

BILL TO:

[Client Contact Name]
[Client Company Name]
[Billing Address]
[City, State, Zip]

SERVICE LOCATION:

[Facility Name/Suite]
[Service Street Address]
[City, State, Zip]

Service Description	Service Date	Qty/Hrs	Rate	Amount
Daily/Weekly Janitorial Maintenance (Contract)	[Month, Year]	1	$0.00	$0.00
Floor Stripping & Waxing / Carpet Cleaning	[MM/DD]	[Qty]	$0.00	$0.00

Service Description	Service Date	Qty/Hrs	Rate	Amount
Consumable Supplies (Paper, Soap, Liners)	N/A	1	$0.00	$0.00
[Additional Services/Deep Cleaning]				$0.00

Subtotal: $0.00
Sales Tax ([0]%): $0.00
Total Due: $0.00

PAYMENT TERMS & INSTRUCTIONS

Please make all checks payable to **[Company Name]**.

Payment is due within [30] days. Late payments may be subject to a [0]% monthly finance charge.

Thank you for your business!