INVOICE

[Cleaning Company Name]
[Street Address]
[City, State, Zip]
[Email / Phone]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

BILL TO:

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

SERVICE LOCATION:

[Facility Name/Department]
[Building/Suite Number]
[Special Instructions]

Service Description	Hours/Qty	Rate	Amount
General Office Cleaning (Daily/Weekly)	[0]	$[0.00]	$[0.00]
Floor Maintenance & Carpet Care	[0]	$[0.00]	$[0.00]
Sanitization & Disinfection Services	[0]	$[0.00]	$[0.00]

Service Description	Hours/Qty	Rate	Amount
Supply Replenishment (Paper/Soap)	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax Rate: [0]%
Total Amount: $[0.00]

Payment Terms: Net [30] days. Please make checks payable to **[Cleaning Company Name]**.

For electronic transfers: [Bank Name] | Account: [00000000] | Routing: [00000000]

Thank you for your business!