INVOICE

[Your Company Name]
[Address Line 1]
[Phone Number]

Date: [MM/DD/YYYY]
Invoice #: [00001]

BILL TO:

[Client Name]
[Facility Name / Department]
[Address Line 1]

SERVICE PERIOD:

[Start Date] - [End Date]

Service Date	Description of Cleaning Services	Hours	Rate	Total
[Date]	Daily Commercial Cleaning (General Office/Restrooms)	[0.0]	$[0.00]	$[0.00]
[Date]	Floor Care / Sanitization Add-on	[0.0]	$[0.00]	$[0.00]
[Date]	Waste Disposal & Recycling	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax: $[0.00]

Total Due: $[0.00]

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

Notes: Daily logs and supply checklists are available upon request.