INVOICE

Facility Service ID: _____

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

BILL TO: (EDUCATIONAL INSTITUTION)

[School/University Name]
[Department/Building]
[Attention To]
[Billing Address]

Invoice #: _____
Date: _____
Service Period: _____
Due Date: _____

Service Description (Classrooms, Labs, Gym, Offices)	Frequency	Rate	Amount
General Daily Maintenance & Sanitation			
Floor Care (Waxing/Buffing/Carpet Cleaning)			
Restroom/Locker Room Deep Clean			
Window & Glass Cleaning			
Consumable Supplies (Paper/Soap Refills)			

Subtotal: $ _____
Tax: $ _____
Total Balance Due: $ _____

NOTES / PAYMENT INSTRUCTIONS:

Please include the invoice number with your check or electronic transfer. Service performed in compliance with facility safety and health standards.