OFFICIAL GOVERNMENT SERVICE INVOICE

INVOICE

SERVICE PROVIDER (CONTRACTOR)

[Company Name]
[Street Address]
[City, State, Zip Code]
[Tax ID / EIN]
[DUNS Number]

BILLING DETAILS

Invoice #: _____
Date: _____
Contract #: _____
Facility ID: _____

BILL TO (GOVERNMENT AGENCY)

[Department Name]
[Division/Bureau]
[Street Address]
[City, State, Zip Code]
Attn: [Accounts Payable / CO]

SERVICE LOCATION

[Building Name]
[Floor/Suite Number]
[Street Address]
[City, State, Zip Code]

Service Period / Date	Description of Cleaning Services	Quantity/Hours	Rate	Total

Service Period / Date	Description of Cleaning Services	Quantity/Hours	Rate	Total

Subtotal: $ _____
Tax (if applicable): $ _____

Total Amount Due: $ _____

CERTIFICATION STATEMENT

I certify that the above services were performed in accordance with the terms of the contract and that payment has not been received.

_____
Authorized Signature & Date

Payment Terms: Net 30 Per Prompt Payment Act. | Please make checks payable to: [Company Name]