INVOICE

[Your Company Name]
[Business Address]
[Phone / Email]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:
[Client Name / Hotel Name]
[Attn: Housekeeping Dept / Manager]
[Property Address]
SERVICE LOCATION:
[Property Name / Branch]
[Specific Area/Floor if applicable]

Description of Services	Qty/Hours	Rate	Amount
Common Area Deep Cleaning (Lobby/Gym)			
Guest Room Turnovers / Daily Service			
Commercial Carpet Extraction			
Janitorial Supplies Replenishment			

Description of Services	Qty/Hours	Rate	Amount

Subtotal: $0.00
Tax Rate: 0%

TOTAL DUE: $0.00

Notes / Payment Instructions:
Please make checks payable to: [Your Company Name]
Bank Transfer: [Bank Name] | Acc: [Account Number] | Routing: [Number]