JANITORIAL SERVICES INVOICE

Invoice #: _____
Date: _____

SERVICE PROVIDER

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

BILL TO

[Client Name / Facility]
[Street Address]
[City, State, Zip]
[Contract ID]

Description of Services	Frequency	Rate/Unit	Amount
General Cleaning (Offices/Lobbies)			
Restroom Sanitation & Refilling			
Floor Care (Mop/Buff/Vacuum)			
Waste Removal & Recycling			
Specialty Services / Supplies			

Subtotal: $ _____
Tax: $ _____
TOTAL DUE: $ _____

TERMS & NOTES

Payment due within [Number] days. Please make checks payable to **[Company Name]**.

Thank you for your business.