MEDICAL JANITORIAL SERVICES

INVOICE

Invoice #: _____
Date: _____

Service Provider:

Business Name
Address Line 1
Phone / Email

Client / Medical Facility:

Facility Name
Contact Person
Address Line 1

Service Description (Sanitization/Biohazard/General)	Frequency	Rate	Amount
General Exam Room Cleaning			
Medical Waste Disposal Handling			
Waiting Room / High-Touch Disinfection			

Service Description (Sanitization/Biohazard/General)	Frequency	Rate	Amount
Floor Care (Buff/Wax/Vacuum)			
Restock Medical/Hygiene Supplies			

Subtotal: $_____

Tax: $_____

TOTAL DUE: $_____

Payment Terms: Net 30 Days. Please make checks payable to _____.

Notes: All cleaning performed meets OSHA and healthcare sanitation standards.