SANITATION INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____
Billing Period: _____

BILL TO:
SERVICE LOCATION:

Service Description	Frequency	Quantity	Unit Price	Total
Waste Collection - Scheduled				
Recycling Service				
Biohazard / Medical Disposal				
Equipment Rental (Compactor/Bin)				
Environmental Compliance Fee	-	1		

Subtotal: $ _____
Tax: $ _____

Amount Due: $ _____

Payment Terms: Net 30 Days. Please make checks payable to [Company Name].

Notes: All sanitation services performed in accordance with local health department regulations.