INVOICE

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

INVOICE #

_____

DATE

_____

BILL TO:
[Client Name]
[Client Company]
[Street Address]
[City, State, Zip]

PROJECT SITE / JOB NAME:
[Project Name]
[Site Address]
[Site Contact Name]

Description of Services (Post-Construction)	Qty / SqFt	Rate	Total
Rough Clean (Debris removal, site prep)			
Final Clean (Detail dusting, windows, floors)			
Touch-up Clean (Final walkthrough prep)			
Floor Waxing / Buffing / Carpet Care			
Specialized Waste / Hazardous Material Disposal			

Subtotal: $0.00

Tax: $0.00

Total Due: $0.00

NOTES & PAYMENT INSTRUCTIONS:

Please make all checks payable to: **[Company Name]**

Terms: Net [30] Days. All post-construction cleanings are subject to final inspection and sign-off by the site supervisor.