INVOICE

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

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

CLIENT / FACILITY

[Retail Store Name]
Store ID: [#0000]
[Facility Address]
Attn: [Manager Name]

SERVICE DETAILS

Service Period: [Start Date] - [End Date]
Frequency: [Daily/Weekly/One-time]
PO Number: [Reference #]

Description of Cleaning Services	Area/SqFt	Rate	Amount
General Floor Maintenance (Sweep/Mop/Buff)	[Qty]	$[0.00]	$[0.00]
Window & Glass Display Cleaning	[Qty]	$[0.00]	$[0.00]
Restroom Sanitation & Restocking	[Qty]	$[0.00]	$[0.00]

Description of Cleaning Services	Area/SqFt	Rate	Amount
Specialty Surface Disinfection	[Qty]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Balance Due: $[0.00]

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

Notes: [Insert specific details regarding facility access or chemical usage here.]