[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

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

CLIENT INFORMATION

[Client Contact Name]
[Business Name]
[Service Address]
[City, State, Zip]

SERVICE DETAILS

Service Date: [MM/DD/YYYY]
Frequency: [One-time/Monthly/Weekly]
PO Number: [Reference #]

SERVICE DESCRIPTION (SPECIALIZED CLEANING)	AREA/QTY	RATE	TOTAL
[Standard Office Cleaning / Floor Buffing]	[sq. ft / units]	$[0.00]	$[0.00]
[High-Dusting / Sanitation Services]	[hours]	$[0.00]	$[0.00]

SERVICE DESCRIPTION (SPECIALIZED CLEANING)	AREA/QTY	RATE	TOTAL
[Window / Carpet Specialized Treatment]	[units]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]

TOTAL DUE: $[0.00]

PAYMENT TERMS & NOTES

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

Payment is due within [Number] days. Late payments may be subject to a [0]% late fee per month.

Thank you for your business!