INVOICE

[Your Janitorial Business Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Invoice #: _____

Date: _____

Due Date: _____

BILL TO

[Client Name]
[Facility Name]
[Client Address]
[Client Phone]

SERVICE LOCATION

[Building Name/Number]
[Service Address]
[City, State, Zip]

Service Description	Frequency / Hours	Rate	Amount
Regular Office Cleaning - [Month]			$
Floor Maintenance (Stripping/Waxing)			$
Window Cleaning Services			$

Service Description	Frequency / Hours	Rate	Amount
Consumable Supplies (Paper/Soap)			$

Subtotal $ 0.00
Tax $ 0.00
Total Amount Due $ 0.00

Notes: Please make checks payable to **[Business Name]**.

Thank you for your business!