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# INVOICE

Invoice No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_  
PO Number: \_\_\_\_\_

**BILL TO**

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**SERVICE LOCATION**

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DESCRIPTION OF JANITORIAL SERVICES	QTY / HOURS	RATE	AMOUNT
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Subtotal: \_\_\_\_\_

Tax: \_\_\_\_\_

**Total Due:** \_\_\_\_\_

Payment Terms & Special Instructions

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CUSTOMER SIGNATURE

\_\_\_\_\_

AUTHORIZED REPRESENTATIVE