
INVOICE

Invoice No.	
Date	
Due Date	

CLIENT / BILL TO

SERVICE LOCATION (IF DIFFERENT)

DESCRIPTION OF JANITORIAL / CLEANING SERVICES	HOURS/QTY	RATE	LINE TOTAL

PAYMENT METHOD / INSTRUCTIONS

Subtotal	
Tax Rate (%)	

Total Tax	
Total Due	

Terms & Conditions:

Authorized Signature

Customer Acceptance Signature

Thank you for choosing our professional cleaning services!