

FACILITY CLEANING & MAINTENANCE EXPENSE REPORT

Office Cleaning and Janitorial Services Template

Facility/Location:

Department:

Submitted By:

Report Period From:

Report Period To:

Date Submitted:

DATE	CATEGORY	DESCRIPTION OF SERVICE/ITEMS	VENDOR	INVOICE #	AMOUNT

Subtotal:

Tax:

Total Expense:

PREPARED BY (SIGNATURE)

Date:

APPROVED BY (SIGNATURE)

Date:
