

INVOICE

Invoice No: _____

Date: _____

Due Date: _____

BILL TO

Company: _____

Attention: _____

Address: _____

Phone: _____

SERVICE LOCATION

Facility Name: _____

Address: _____

Service Date: _____

PO Number: _____

DESCRIPTION OF CLEANING SERVICES	QTY / HOURS	RATE	AMOUNT
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PAYMENT TERMS & INSTRUCTIONS

Subtotal: _____

Tax / VAT: _____

Total Due: _____

AUTHORIZED SIGNATURE

CUSTOMER ACCEPTANCE
