

MONTHLY INVOICE

Invoice No: _____

Date: _____

Due Date: _____

Billing Period: _____

BILL TO

SERVICE LOCATION (IF DIFFERENT)

Description of Service (Recurring Commercial Cleaning)	Frequency	Rate	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____

Tax: _____

Total Due: _____

Payment Terms & Notes

Authorized Signature

Client Acceptance Signature