

Phone:
Email:
Web:

INVOICE

Invoice No: _____
Date: _____
Due Date: _____
Customer ID: _____

BILL TO

SERVICE LOCATION

DESCRIPTION OF JANITORIAL / CLEANING SERVICES	QTY/HRS	RATE	AMOUNT

PAYMENT TERMS & INSTRUCTIONS

Please make checks payable to:

For Electronic Funds Transfer (EFT):

**Bank
Name:**

Routing #:

Account #:

Subtotal:

Tax Rate:

Total Tax:

Total Due:

Authorized Signature

Client Acceptance Signature

Thank you for your business!