
INVOICE

Invoice No. _____
Date _____
Due Date _____
Project/PO No. _____

CLIENT INFORMATION

JOB SITE LOCATION

DESCRIPTION OF POST-CONSTRUCTION CLEANING SERVICES	QUANTITY / HRS	RATE	AMOUNT
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Subtotal _____
Tax Rate _____
Total Tax _____
Total Due _____

Payment Terms & Special Instructions

Authorized Signature

Client Acceptance Signature