



INVOICE

Invoice No: _____ Date: _____ Due Date: _____ PO Number: _____

CLIENT / BILL TO

SERVICE LOCATION (IF DIFFERENT)

SERVICE DESCRIPTION / AREA CLEANED	METHOD / EPA REG #	SQ. FT. / QTY	UNIT RATE	TOTAL AMOUNT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DISINFECTION & SANITIZATION COMPLIANCE STATEMENT

All procedures listed above are executed in accordance with EPA approved disinfectant guidelines for commercial properties. Our methods utilize CDC recommended standards targeting viral and bacterial pathogens. Material Safety Data Sheets (MSDS) are available upon request.

EPA Disinfectant Used: _____

Application Method: _____

Subtotal _____

Tax / VAT _____

Total Due

Payment Terms / Instructions:

Authorized Technician Signature

Client Representative Signature

Thank you for choosing us to keep your commercial space safe and sanitized.