

INVOICE

Invoice No: _____

Date: _____

Due Date: _____

BILL TO

SERVICE LOCATION

DESCRIPTION OF JANITORIAL SERVICES	HOURS / QTY	RATE	TOTAL AMOUNT
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal _____

Tax Rate _____

Tax Due _____

Total Due

Payment Terms & Special Instructions

Accepted Payment Methods

Authorized Signature