

JANITORIAL SERVICE PROVIDER

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# INVOICE

INVOICE NO.

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DATE

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## CLIENT INFORMATION

CLIENT NAME / COMPANY

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ADDRESS

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PHONE / EMAIL

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## SERVICE DETAILS

SERVICE PERIOD (MONTH/YEAR)

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PAYMENT TERMS

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DUE DATE

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DESCRIPTION OF JANITORIAL SERVICES	QTY / HOURS	RATE	TOTAL AMOUNT
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<hr/>	<hr/>	<hr/>	<hr/>

Subtotal 

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Tax Rate / Tax \_\_\_\_\_

**Total Due** \_\_\_\_\_

PAYMENT INSTRUCTIONS / SPECIAL NOTES

\_\_\_\_\_  
Authorized Signature (Provider)

\_\_\_\_\_  
Client Signature (Acknowledgment)