

Janitorial Company Name

Address Line 1

Address Line 2

City, State, ZIP

Phone: (000) 000-0000

Email: info@company.com

INVOICE**Invoice #:** _____**Date:** _____**Bill To:****Due Date:** _____

Name: _____

Company: _____

Address: _____

City, State, ZIP: _____

Description of Service	Quantity	Rate	Amount
Service 1	—	—	—
Service 2	—	—	—
Service 3	—	—	—

Subtotal: _____

Tax: _____

Total: _____**Notes / Terms:**

Thank you for your business! Payment is due within 30 days.

Please make checks payable to: *Janitorial Company Name*

Authorized Signature

Date: _____