

School Cleaning Services Invoice

From

Company Name:

Address:

Phone:

Email:

To

School Name:

Address:

Phone:

Email:

Invoice Details

Invoice #:

Date:

Due Date:

#	Description of Service	Date	Hours	Rate	Amount
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

Subtotal _____

Tax _____

Total _____

Notes / Instructions:

Authorized Signature: _____ **Date:** _____