

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:** _____