INVOICE

Invoice no.

Invoice date

Due date

FROM

Business name

Address

Phone / email

BILL TO

Customer name

Address

Phone / email

Service address

Date(s) of service

WORK COMPLETED

Record cleanable square footage, facilities, visit schedule, access and consumable restocking.

Description	Unit	Qty	Rate	Amount
Office Cleaning (per sqft	sq ft			
Floor Stripping & Waxing	sq ft			
Daily Office Cleaning (monthly contract	month			
Restroom Deep Clean & Sanitize	each			
Floor Scrub & Recoat (per sqft	sq ft			

HOW TO PAY

Who to make a check out to, bank transfer details or a pay link, and any late fee.

NOTES

Subtotal	
Tax rate (%)	
Tax	
Total	
Amount paid	
Balance due	