CLEANING SERVICES

Work Order/Invoice

YOUR COMPANY NAME
Address
CITY, STATE, ZIP CODE
Phone Number

TO:

DATE OF ORDER	ORDER TAKEN BY
PHONE	WORK ORDERED BY
STARTING DATE/TIME	☐ DAYWORK ☐ CONTRACT ☐ EXTRA
JOB NAME/NO.	
JOB LOCATION	
INVOICE DATE	JOB PHONE

	WORK TO BE DONE	AMOUNT
>		
>		
	TOTAL	

MATERIALS AND EQUIPMENT	AMOUNT
TOTAL	

OTHER CHARGES	AMOUNT
TOTAL	

LABOR	HRS	RATE	AMOUNT

SPECIAL INSTRUCTIONS

TERMS:

I hereby acknowledge the completion of the above described work.

AUTHORIZED SIGNATURE _____ DATE _____

TOTAL LABOR	
TOTAL WORK	
TOTAL MATERIALS/EQUIPMENT	
TOTAL WORK	
TAX	
PLEASE PAY THIS AMOUNT	

Thank You!

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