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www.AllstateBuildingMaintenance.com

DATE

INVOICE NO.

INVOICE DATE

ACCOUNT NO.

S
O
L
D

T
O

DATE

DESCRIPTION

QTY

UOM

UNIT PRICE

EXT. PRICE

AMOUNT

SUBTOTAL

OUTSTANDING BALANCE

TOTAL DUE



NOTE: THIS INVOICE REFLECTS SERVICES PERFORMED
FOR THE PAST 30 DAYS

Acct. Name _____ Date _____
Tel _____ Problem Areas Contact _____

Floors

Vacuuming ☐
Detail Vacuuming ☐
Sweeping ☐
Mopping ☐
Waxing ☐
Other _____

Bathroom

Sinks ☐
Urinals ☐
Toilets ☐
Mirrors ☐
Floors ☐
Other _____

Detail Work

Dusting ☐
Polishing ☐
Windows ☐
Fingermarks ☐
Phones ☐
Other _____

Comments _____

