CLEANING SERVICES

Work Order/Invoice 001001

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

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

TO:

	WORK TO BE DONE	AMOUNT