

CLEANING SERVICE WORK ORDER

CONTRACTOR

COMPANY: _____
 ATTN: _____
 ADDRESS: _____
 CITY, STATE: _____
 ZIP: _____
 PHONE: _____
 E-MAIL: _____

CLIENT

COMPANY: _____
 ATTN: _____
 ADDRESS: _____
 CITY, STATE: _____
 ZIP: _____
 PHONE: _____
 E-MAIL: _____

PAYMENT

Down Payment: \$ _____
 Payment is Due: _____
 Total Amount: \$ _____
 Payment is Due: _____

SCHEDULE

Date: _____, 20____
 Work Order No.: _____
 Start Time (if any): ____:____ AM PM
 End Time (if any): ____:____ AM PM

| LABOR | HOURS | RATE (\$/HR) | AMOUNT (\$) |
|--------------|-------|--------------|-------------|
| | | | |
| TOTAL | | | |

| CLEANING PRODUCTS / MATERIALS | QUANTITY | UNIT PRICE | AMOUNT (\$) |
|-------------------------------|----------|------------|-------------|
| | | | |
| SUBTOTAL | | | |

IN WITNESS WHEREOF, the Client agrees to pay the total amount when payment is due for the services requested and products / materials used. The Contractor agrees to provide the services in exchange for the total amount.

CLIENT'S SIGNATURE _____

Date _____

CONTRACTOR'S SIGNATURE _____

Date _____

| | |
|------------------|--|
| SUBTOTAL | |
| DISCOUNT | |
| TAX / VAT | |
| TOTAL | |

