

Carpet Cleaning Service Invoice

From:

Company Name
Address Line 1
Address Line 2
Phone: (____) ____ - ____
Email: info@company.com

To:

Client Name
Client Address Line 1
Client Address Line 2
Phone: (____) ____ - ____
Email: client@email.com

Invoice #: _____

Date: ____ / ____ / ____

Service Date: ____ / ____ / ____

Description	Quantity	Unit Price	Total
Carpet Cleaning – Living Room	1	\$	\$
Carpet Cleaning – Bedroom	2	\$	\$
Stain Removal	3	\$	\$
Subtotal			\$
Tax			\$
Total			\$

Notes:

Thank you for choosing our services. Payment is due within 30 days.

Authorized Signature:

Date: