

Cleaning Service Invoice

From

Company Name: _____
Address: _____
Phone: _____
Email: _____

To

Client Name: _____
Address: _____
Phone: _____
Email: _____

Invoice Details

Invoice #: _____
Date: _____
Due Date: _____

Description	Service Date	Hours	Rate	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal: _____
Tax: _____
Total: _____

Notes: _____

Authorized Signature

Date
