

Residential Cleaning Invoice

Company Name
1234 Address St.
City, State ZIP
Phone: (555) 555-5555
Email: info@company.com
Invoice #:

Date:

Due Date:

Bill To

Client Name
Address
City, State ZIP
Phone: (____) ____ - ____
Email: _____

Service Details

Description	Date	Hours	Rate	Amount
Service 1	_____	—	—	—
Service 2	_____	—	—	—

Subtotal	_____
Tax	_____
Total	_____
Amount Paid	_____
Balance Due	_____

Notes
