

# 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_