

INVOICE

Invoice No: _____

Date: _____

Due Date: _____

BILL TO

Name: _____

Address: _____

Phone: _____

Email: _____

SERVICE LOCATION (IF DIFFERENT)

Name: _____

Address: _____

Service Date: _____

Service Type: _____

DESCRIPTION OF CLEANING SERVICES	QTY / HRS	RATE	AMOUNT
----------------------------------	-----------	------	--------

Subtotal: _____

Tax: _____

Total Due: _____

THANK YOU FOR YOUR BUSINESS!

Please review your invoice details carefully. Payment is requested according to the due date indicated above.

Accepted Payment Methods: