

INVOICE

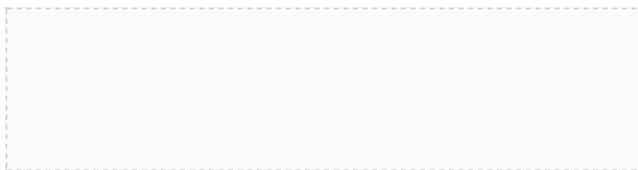
Invoice No: _____
Date: _____
Due Date: _____
P.O. Number: _____

BILL TO

JOB LOCATION / DETAILS

DESCRIPTION OF SERVICES (CARPET / WINDOW CLEANING)	QTY / AREA (SQ.FT)	UNIT RATE	AMOUNT

PAYMENT TERMS & METHODS



Subtotal: _____
Tax Rate / Tax: _____
Total Due: _____

Thank you for your business!