

---

---

---

---

---

# INVOICE

Invoice No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

## CLIENT INFORMATION

Client Name:

Phone:

Email:

Billing Address:

## SERVICE PROPERTY DETAILS

Service Address:

Service Date:

Property Size:

Key Return Details:

Description of Cleaning Service / Area	Qty / Hours	Rate (\$)	Total (\$)

### COMPLETED CHECK-AREAS

- Kitchen Deep Clean
- Inside Cabinets/Drawers
- Bathrooms Sanitized
- Oven & Fridge Inside
- Baseboards & Trim
- Window Sills & Glass
- Vacuum & Mopping
- Trash Removal

Subtotal:

Tax / VAT:

Discount:

---

**Total Due:**

---

**Payment Methods & Terms**

-----  
-----  
-----

**Signatures**

---

Provider Signature

---

Client Signature

Thank you for your business!