

CLEANING SERVICES INC.

123 Service Lane, Clean City, ST 12345
Phone: (555) 010-9999
Email: billing@cleaningservices.com

INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]

CLIENT INFORMATION

[Client Name]
[Street Address]
[City, State, Zip]
[Phone Number]

SERVICE DETAILS

Service Date: [MM/DD/YYYY]
Frequency: [One-time / Weekly / Monthly]
Location: [Residential / Commercial Address]

Description of Service	Hours/Qty	Rate	Amount
General Deep Cleaning (Living areas, Kitchen, Baths)	0.00	\$0.00	\$0.00
Window Cleaning Interior/Exterior	0.00	\$0.00	\$0.00

Description of Service	Hours/Qty	Rate	Amount
Carpet Steam Cleaning / Sanitization	0.00	\$0.00	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00

Total Due: \$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **Cleaning Services Inc.**

Bank Transfer: [Account Routing/Number]

Due Date: Net 15 Days

Thank you for choosing our professional cleaning services!