

INVOICE

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

Invoice #: [000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Service Address]
[City, State, Zip]
[Email Address]

SERVICE DETAILS:

Service Date: [MM/DD/YYYY]
Cleaning Type: [Standard / Deep / Move-out]

Description	Quantity / Hours	Rate	Total
Cleaning Services - [Room/Area Details]	0.00	\$0.00	\$0.00
Supplies & Equipment Fee	1	\$0.00	\$0.00
Add-on Service: [e.g., Interior Windows]	0.00	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00
Amount Due: \$0.00

Notes: [Insert any specific notes or payment instructions here]

Thank you for your business!