

CLEANING INVOICE

[Cleaning Company Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name / Event Organizer]
[Client Address]
[Contact Email/Phone]

EVENT DETAILS:

Event Name: [Event Name]
Venue Space: [Hall/Room Number]
Function Date: [Date]

Service Description	Hours/Qty	Rate	Amount
General Post-Event Cleaning Trash removal, floor sweeping, and mopping.	[0]	[\$[0.00]]	[\$[0.00]]
Restroom Sanitation Deep clean and restocking of guest facilities.	[0]	[\$[0.00]]	[\$[0.00]]

Service Description	Hours/Qty	Rate	Amount
Specialized Surface Care Carpet steam cleaning or hardwood buffing.	[0]	[\$[0.00]]	[\$[0.00]]
Hazardous/Extra Waste Disposal Large debris or excessive waste removal fee.	[0]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Tax ([0] %): \$[0.00]
Total Due: \$[0.00]

PAYMENT INSTRUCTIONS:

Please make checks payable to **[Cleaning Company Name]**.
For Bank Transfers: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your business.