

CLEANING SERVICES CO.

123 Service Lane, City, State
Phone: (555) 000-0000
Email: billing@cleaningservice.com

INVOICE

#INV-001

Date: _____
Due Date: _____

BILL TO

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

SERVICE WEEK

Monday [Date] to Sunday [Date]
Property: [Address/Unit Number]

Service Date	Deep Cleaning Description	Rate	Amount
_____	Kitchen Sanitization & Appliance Deep Clean	\$0.00	\$0.00
_____	Bathroom Scrub & Disinfection (All Units)	\$0.00	\$0.00
_____	Floor Care (Strip/Wax/Steam Clean)	\$0.00	\$0.00
_____	Window & High-Surface Dusting	\$0.00	\$0.00

Service Date	Deep Cleaning Description	Rate	Amount
_____	Additional Supplies / Material Surcharge	\$0.00	\$0.00

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

Payment Instructions:

Please make checks payable to Cleaning Services Co. Bank transfers can be sent to [Bank Details]. Late payments are subject to a 5% monthly fee.

Thank you for your business!