

INVOICE

[Business Name]

[Address, Phone, Email]

Invoice #: _____

Date: _____

Frequency: Recurring Move-Out

BILL TO:

[Client Name / Property Management]

[Billing Address]

[City, State, Zip]

SERVICE LOCATION:

[Property Address / Unit Number]

[Move-Out Date]

| Description of Services | Qty/Hrs | Rate | Total |
|---|---------|------|-------|
| General Room Cleaning (Kitchen, Bath, Living) | | | |
| Deep Clean: Inside Cabinets & Drawers | | | |
| Deep Clean: Interior Windows & Tracks | | | |

Description of Services**Qty/Hrs****Rate****Total**

Appliance Detailing (Oven, Fridge, Dishwasher)

Wall Washing / Baseboard Scouring

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

NOTES / TERMS:

Payment is due within [X] days. Please make checks payable to **[Business Name]**. Thank you for your continued partnership.