

INVOICE

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

Date: _____
Invoice #: _____

BILL TO:

[Client Name / Office Name]
[Attention to:]
[Billing Address]
[City, State, Zip]

SERVICE PERIOD:

Week of: _____ to _____

Service Date	Description of Cleaning Services	Hours	Rate	Amount
_____	Standard Office Cleaning (General Areas/Restrooms)	_____	\$ _____	\$ _____
_____	Standard Office Cleaning (General Areas/Restrooms)	_____	\$ _____	\$ _____
_____	Standard Office Cleaning (General Areas/Restrooms)	_____	\$ _____	\$ _____
_____	Additional Services: [_____]	_____	\$ _____	\$ _____

Subtotal: \$ _____
Tax (___%): \$ _____

Total Due: \$ _____

NOTES & PAYMENT INSTRUCTIONS:

Please make checks payable to: **[Company Name]**
Bank Transfer: [Account details if applicable]
Payment is due within [15/30] days of invoice date.