

# CLEANING INVOICE

**[Service Provider Name]**  
[Business Address]  
[Phone Number]  
[Email Address]

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

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**Bill To (Property/Client):**  
[Hotel or Property Name]  
[Contact Person Name]  
[Billing Address]  
**Service Location:**  
[Property Name / Unit Number]  
[Site Address]

Service Description	Qty/Units	Rate	Amount
Housekeeping (Standard Room Turn)	[0]	[\$[0.00]]	[\$[0.00]]
Deep Cleaning (Suite/Common Area)	[0]	[\$[0.00]]	[\$[0.00]]
Laundry & Linen Service	[0]	[\$[0.00]]	[\$[0.00]]
Supplies / Restocking Fee	[0]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax: \$[0.00]

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**Total Due: \$[0.00]**

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**Payment Terms:** [e.g., Net 30]

**Notes:** [Specific room numbers, inspection notes, or special requests]

*Thank you for your business.*