

TAX INVOICE

[Company Name]
[Business Address]
[City, State, Zip]
[Tax ID / ABN Number]

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

CLIENT INFORMATION

[Client Name]
[Property Address]
[Phone / Email]

SERVICE DETAILS

Service Type: [e.g., Deep Clean / End of Lease]
Frequency: [e.g., One-off / Weekly]
Staff Assigned: [Name/s]

Description of Service / Area	Rate/Unit	Qty/Hrs	Total
[Service Item 1: e.g., General Room Cleaning]	\$0.00	0	\$0.00
[Service Item 2: e.g., Window Washing]	\$0.00	0	\$0.00
[Service Item 3: e.g., Carpet Steam Clean]	\$0.00	0	\$0.00
[Supplies/Equipment Surcharge]	\$0.00	1	\$0.00

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

PAYMENT METHODS

Bank: [Bank Name] | Account Name: [Name] | BSB/Routing: [000-000] | Account: [00000000]

TERMS & CONDITIONS

Please include the invoice number as a reference. Payments made after the due date may incur late fees. Thank you for your business.