

HOUSE CLEANING SERVICE

123 Clean Street
City, State, Zip
Phone: (555) 000-0000

Date: _____

Quote/Invoice #: _____

Client Information:

Name: _____

Address: _____

Phone: _____

Service Type:

One-Time Deep Clean

Recurring Maintenance

Move In / Move Out

Room / Service Description	Details (Qty/Hrs)	Rate	Total
Kitchen (Appliances, Counters, Floor)			
Bathrooms (Toilets, Showers, Mirrors)			
Living Areas / Bedrooms			
Add-on: Windows / Interior Oven			

Room / Service Description	Details (Qty/Hrs)	Rate	Total

Subtotal: \$ _____

Tax: \$ _____

Total Amount: \$ _____

Notes / Special Instructions:

Payment is due within _____ days. Thank you for your business!

Client Signature: _____ Date: _____