

INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

Invoice #: _____
Date: _____
Billing Period: _____

BILL TO:

[Client Name]
[Client Address]
[Contact Name]

Frequency:
 Weekly Bi-Weekly Monthly
Service Location:

Date	Service Description / Areas Cleaned	Staff Initials	Hours	Rate	Total

Date	Service Description / Areas Cleaned	Staff Initials	Hours	Rate	Total
Recurring Base Fee (if applicable)				\$	

Subtotal: \$ _____

Tax / Supplies: \$ _____

Total Amount Due: \$ _____

Notes / Special Requests:

Payment Terms: Due within [X] days. Please make checks payable to [Company Name].

Client Signature: _____

Date: _____