[SERVICE NAME]

[ADDRESS, PHONE, EMAIL]

INVOICE

BILL TO:
[Client Name]
[Apartment Address/Unit Number]
[City, State, Zip]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

DESCRIPTION OF SERVICE	HOURS/QTY	RATE	AMOUNT
General Cleaning (Living Room, Kitchen, Bathroom)	-	$0.00	$0.00
Deep Clean Add-on (Appliances/Windows)	-	$0.00	$0.00
Laundry & Linen Service	-	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Due: $0.00

Payment Instructions:
Please make checks payable to [Service Name] or pay via [Online Payment Method].

Thank you for your business!