MAID AGENCY NAME

123 Service Lane, Suite 100
City, State, Zip Code
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____

BILL TO

Client Name: _____
Address: _____
_____

SERVICE DETAILS

Maid/Staff Name: _____
Service Period: _____
Reference: _____

Description of Service	Hours/Qty	Rate	Amount
Regular Cleaning Services			
Placement/Agency Fee			
Additional Tasks (Laundry/Windows)			

Description of Service	Hours/Qty	Rate	Amount

Subtotal: $ _____
Tax (___%): $ _____
Total Amount: $ _____

NOTES & PAYMENT INSTRUCTIONS

Please make all checks payable to [Agency Name].
Bank Transfer Details: Bank Name - Account #000000000
Payment is due within [X] days of invoice date.

Thank you for choosing our agency services!