

INVOICE

[Your Company Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____

BILL TO:

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

SERVICE PERIOD:

[Month, Year]

Service Date	Description of Cleaning	Hours/Qty	Rate	Amount
	Weekly Cleaning - Week 1		\$	\$
	Weekly Cleaning - Week 2		\$	\$
	Weekly Cleaning - Week 3		\$	\$
	Weekly Cleaning - Week 4		\$	\$
	Additional Services (Windows/Laundry)		\$	\$

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

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

Thank you for your business!