# CLEANING INVOICE

Move In / Move Out Service

**Invoice #:** _____

**Date:** _____

SERVICE PROVIDER

Company Name:
Phone:
Email:

CLIENT / PROPERTY ADDRESS

Name:
Address:
City/State:

| Description of Services | Sq. Ft / Hours | Rate | Amount |
|---|---|---|---|
| General Cleaning (Kitchen, Bathrooms, Living Areas) | | | |
| Deep Clean: Appliances (Oven, Fridge interior) | | | |
| Deep Clean: Windows & Tracks | | | |
| Carpet Steam Cleaning / Floor Waxing | | | |
| Other: _____ | | | |

Inside Cabinets/Drawers
Baseboards & Molding

Light Fixtures / Fans
Door Frames / Handles
Wall Spot Cleaning
Garage Swept

Subtotal: $_____

Tax: $_____

**Total Due: $_____**

**NOTES & PAYMENT INSTRUCTIONS**

Please make checks payable to: