INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE NUMBER #[0000]
DATE [Month Day, Year]

BILL TO: [Client Name]
[Service Address]
[City, State, Zip]
[Client Phone/Email]
SERVICE DETAILS: Service Type: One-Time Deep Clean
Service Date: [Date]
Payment Due: [Upon Receipt/Date]

Description of Services	Hours/Qty	Rate	Amount
General Room Cleaning (Kitchen, Bathrooms, Living Area)	[0.00]	$[0.00]	$[0.00]
Additional Task: [e.g., Inside Windows/Oven/Fridge]	[0.00]	$[0.00]	$[0.00]
Cleaning Supplies/Materials Fee	1	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax: $[0.00]

Total Amount Due: $[0.00]

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

Thank you for your business!