CLEANING SERVICES CO.

123 Clean Street
City, State, Zip
Phone: (555) 000-0000

INVOICE

Invoice #: [000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Property Address]
[City, State, Zip]
[Client Email]

SERVICE DETAILS:

Service Date: [MM/DD/YYYY]
Cleaning Type: [Standard / Deep / Move-out]
Frequency: [One-time / Weekly / Bi-weekly]

Description of Service	Hours/Qty	Rate	Amount
Residential Cleaning - General Areas			$ 0.00
Additional Service: [e.g. Inside Oven/Windows]			$ 0.00
Cleaning Supplies Fee			$ 0.00

Subtotal: $ 0.00
Tax: $ 0.00
Total Due: $ 0.00

Payment Instructions: Please make checks payable to [Company Name] or pay via [Online Link/App].

Thank you for your business! We appreciate the opportunity to clean your home.