SPRING CLEANING INVOICE

[Company Name]
[Address Line 1]
[Phone Number]

Invoice #: [0000]
Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Client Address]
[Client Email]

SERVICE LOCATION:

[Property Address]
[Date of Service]

Service Description	Quantity/Hours	Rate	Total
General Room Deep Clean	[ ]	$[ ]	$[ ]
Window Washing (Interior/Exterior)	[ ]	$[ ]	$[ ]
Carpet/Upholstery Steam Cleaning	[ ]	$[ ]	$[ ]
Kitchen Appliance Detailing	[ ]	$[ ]	$[ ]

Subtotal: $[0.00]

Tax: $[0.00]

Amount Due: $[0.00]

Notes / Terms:

Please make checks payable to [Company Name]. Payment is due within [X] days. Thank you for choosing our service to refresh your home!