[Maid Service Name]
[Street Address]
[City, State, Zip]
[Phone Number]
[Email Address]

INVOICE

Date: _____
Invoice #: _____

BILL TO:
[Client Name]
[Client Address]
[City, State, Zip]
SERVICE DATE:
[Date of Cleaning]

Description of Services	Hours/Qty	Rate	Total
Standard House Cleaning (Rooms: _____)			
Deep Cleaning Add-ons			
Laundry / Specialized Tasks			
Supplies Fee			

Subtotal: $_____
Tax: $_____

TOTAL: $_____

Notes / Payment Instructions:
Please make checks payable to: [Business Name]
Payment is due within [Number] days.

Thank you for your business!