

# CLEANING SERVICE INVOICE # \_\_\_\_\_

Company Name \_\_\_\_\_

Date: \_\_/\_\_/\_\_

Bill To:

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Client Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cleaning Service Rendered	Amount
Subtotal	
Taxes	
Fees/Others	
Total	

\_\_\_\_\_  
SERVICE PERSON SIGNATURE

\_\_\_\_\_  
CLIENT SIGNATURE