

CLEANING INVOICE

RESIDENTIAL OR COMMERCIAL CLEANING SERVICES

INVOICE NO.

ISSUE DATE

DUE / VALID UNTIL

1 BILLING PARTIES

FROM / CLEANING PROVIDER

BUSINESS / FULL LEGAL NAME

FULL MAILING ADDRESS

PHONE EMAIL

BILL TO / CUSTOMER

BUSINESS / FULL LEGAL NAME

FULL MAILING ADDRESS

PHONE EMAIL

2 INVOICE DETAILS

SERVICE ADDRESS

SERVICE DATE / PERIOD

FREQUENCY

WORK ORDER / PO NO.

3 ITEMIZED CHARGES

AREA / ROOM	CLEANING TASK	HOURS / QTY	RATE	AMOUNT

4 TOTAL & PAYMENT

NOTES & PAYMENT

SUPPLIES, ACCESS OR SERVICE NOTES

PAYMENT TERMS

REMITTANCE / PAYMENT METHOD

AUTHORIZED SIGNATURE DATE

TOTALS

SUBTOTAL

DISCOUNT

TAX

SHIPPING / EXPENSES

TOTAL

AMOUNT PAID

BALANCE DUE