# INVOICE

Cleaning Service Invoice

**YOUR BUSINESS NAME**

Street address

City, State ZIP

Phone

Email

Website / license #

**Invoice #**

**Invoice date**

**Due date**

**Payment terms**

## BILL TO

Customer name

Billing address

City, State ZIP

Phone

Email

Customer / account #

## JOB DETAILS

| Service address | Cleaning type (standard / deep / move-out) | Frequency | Service date(s) |
|---|---|---|---|
| | | | |

| Description | Qty | Unit | Rate | Amount |
|---|---|---|---|---|
| Standard cleaning | | visit | | |
| Deep cleaning | | visit | | |
| Move-in / move-out cleaning | | visit | | |
| Add-on: inside oven | | each | | |
| Add-on: inside refrigerator | | each | | |
| Add-on: interior windows | | each | | |
| Laundry / linen change | | load | | |
| | | | | |
| | | | | |
| | | | | |

## PAYMENT METHODS ACCEPTED

- ☐ Cash
- ☐ Check
- ☐ Card
- ☐ Bank transfer (ACH)
- ☐ Zelle
- ☐ Venmo
- ☐ Other

Pay to / payment details

| | |
|---|---|
| Subtotal | |
| Discount | |
| Tax rate (%) | |
| Tax | |
| **Total** | |
| Paid / deposit | |
| **Balance due** | |

## TERMS & NOTES

Due on the day of service. Cancellations with less than 24 hours' notice may be charged.

## NOTES

*Thank you for your business.*

Made with Daily Invoice Maker — donlinestore.com