

CLEANING INVOICE

INVOICE INFORMATION

Invoice Number: _____

Date: _____

Due Date: _____

FROM (SERVICE PROVIDER)

Business Name: _____

Contact Name: _____

Address: _____

City, State ZIP: _____

Phone: _____

Email: _____

Website: _____

BILL TO (CLIENT)

Client Name: _____

Company (if applicable): _____

Address: _____

City, State ZIP: _____

Phone: _____

Email: _____

SERVICE LOCATION

☐ Same as "Bill To" Address

Address: _____

City, State ZIP: _____

Date(s) of Service: _____

SERVICE DETAILS

Description of Cleaning Services	Hours / Qty	Rate	Amount
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PAYMENT SUMMARY

SUBTOTAL	\$ _____
Tax Rate (_____ %)	\$ _____
Other / Supplies	\$ _____
TOTAL DUE	\$ _____

PAYMENT METHODS

Please select method of payment:

☐ **Cash**

☐ **Check**

Make checks payable to: _____

☐ **Credit Card**

Card Type: _____

Name on Card: _____

Card Number: _____

Exp Date: _____ CVV: _____

☐ **Bank Transfer / Venmo / Zelle**

Account/Handle: _____

TERMS AND CONDITIONS

Payment is due within _____ days of the invoice date.

Late payments may incur a fee of \$ _____ or _____ % per month.

ADDITIONAL NOTES / CLEANING CHECKLIST

Description:

AUTHORIZED SIGNATURE

Signature: _____

Date: _____

Thank you for your business!