**CLEANING INVOICE**

|  |  |
| --- | --- |
| **Bill From****[Name]****[Company Name]****[Street Address]****[City, ST ZIP Code]****[Phone]** | **Invoice No.** **[#0000000]****Invoice Date:** **[Date]****Due Date: [Date]** |
| **Bill To****[Name]****[Company Name]****[Street Address]****[City, ST ZIP Code]****[Phone]** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Hours** | **Price** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Subtotal |  |
| Sales Tax |  |
| Other |  |
| **Total** |  |

**Please Choose a Payment Type**

**Credit Card**

**☐ Visa ☐ MasterCard ☐ Discover ☐ American Express**

**[Cardholder Name]**

**[Account/CC Number ]**

**[Expiration Date ]**