CLEANING SERVICE INVOICE #_____

[Your Company Name]
[Your Company Motto/Slogan]

Date: __/__/__

[Address 1]
[Address 2]
[City, State, Zip]
[Phone]
[Fax]

Bill To:

[Client Name]
[Address 1]
[Address 2]
[City, State, Zip]

Type of Cleaning Service Rendered	Amount
Subtotal	
Taxes	
Fees/Others	
Total	

_____

SERVICE PERSON SIGNATURE

_____

CLIENT SIGNATURE