

# CLEANING COMPANY Name

## SERVICE Invoice

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMPANY** |  | **BILL TO** |  |  |
| Company NameAddress Line 1Address Line 2City, State ZIP CodePhone #Email Address |  | NameAddress Line 1Address Line 2City, State ZIP CodePhone #Email Address | **Invoice #** |  |
| Invoice Date |  |
| Customer ID |  |
|  |  |
|  |
| Date | INVOICE # | SERVICE MANAGER | Terms |
|  |  |  |  |
|  |
| Description | HOURS | RATE ($/hr) | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | SUBTOTAL |  |
| TAX |  |
| MISC. |  |
| **Balance Due** |  |

|  |
| --- |
| NOTES: |