

CLEANING COMPANY NAME

SERVICE INVOICE



COMPANY

Name: _____
Address: _____

Phone #: _____
Email: _____

CUSTOMER

Name: _____
Address: _____

Phone #: _____
Email: _____

Invoice

Invoice Date

Customer ID

DATE	INVOICE #	SERVICE MANAGER	TERMS

DESCRIPTION	HOURS	RATE (\$/HR)	TOTAL

SUBTOTAL	
TAX	
MISC.	
BALANCE DUE	

NOTES: