

COMPANY NAME

WINDOW CLEANING INVOICE



COMPANY

Name: _____

Address: _____

Phone #: _____

Email Address: _____

BILL TO

Name: _____

Address: _____

Phone #: _____

Email Address: _____

Invoice #	
Customer ID	
Invoice Date	
Due Date	

DATE	INVOICE #	CLEANING MANAGER / SUPERVISOR	TERMS

DESCRIPTION	HOURS	RATE (\$/HR)	TOTAL

SUBTOTAL	
TAX	
MISC.	
BALANCE DUE	

NOTES: