CLEANING SERVICE INVOICE

[Your Company Name] [Your Company Motto/Slogan]		Date://
[Address 1]		Bill To:
[Address 2] [City, State, Zip] [Phone] [Fax]		[Client Name] [Address 1] [Address 2] [City, State, Zip]
Type of Cleaning Service Rendered		Amount
	Subtotal	
	Taxes	
SERVICE PERSON SIGNATURE	Fees/Others	
	Total	
	<u>-</u>	

Invoice-Template.com

CLIENT SIGNATURE