[Your Business Name]

[Street Address]
[City, State ZIP]
[Phone] · [Email]
[Website]
License #: [License Number]

INVOICE

Invoice #	[0001]
Invoice date	[MM/DD/YYYY]
Due date	[MM/DD/YYYY]
Service period	[Month / dates]

BILL TO

[Client Name]
[Billing Address]
[City, State ZIP]
[Phone] · [Email]

SERVICE ADDRESS

[Service Address], [City, State ZIP]
□ One-time □ Weekly □ Biweekly □ Monthly
Type: [Standard / Deep / Move-out / Office / Windows]
Cleaner / team: [Name]

Description	Qty	Unit	Rate	Amount
Cleaning visits				
[Biweekly clean, 3 bed / 2 bath (MM/DD, MM/DD)]	[2]	[visit]	[$0.00]	[$0.00]
Add-ons				
[Inside fridge (MM/DD)]	[1]	[ea]	[$0.00]	[$0.00]
[Inside oven (MM/DD)]	[1]	[ea]	[$0.00]	[$0.00]
[Interior windows (MM/DD)]	[0]	[window]	[$0.00]	[$0.00]
Supplies and other charges (special products, lockout or late cancellation fee)				

Subtotal	[$0.00]
Discount	[-$0.00]
Sales tax ([0.00]%)	[$0.00]
Tip (optional)	[$0.00]
Payments received	[-$0.00]
Amount due	**[$0.00]**

PAYMENT TERMS

Payment due [on receipt / within 7 days].
We accept: [card, ACH / bank transfer, check, cash].
[Card on file is charged after each visit.]
Make checks payable to [Your Business Name].

NOTES

Next visit: [MM/DD/YYYY].
Cancellations: [24-hour notice; late cancellation / lockout fee $0.00].
[Any other notes for the client].

Thank you for your business!

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