# HOUSE CLEANING INVOICE

## CLEANING COMPANY

Business name _____

Address _____

Phone / email _____

## INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Billing period _____

## BILL TO (CLIENT)

Client name _____ Phone / email _____

Address _____

## HOME AND SCHEDULE

Home _____

Schedule _____ Entry _____

## RECURRING CLEANS

| Item | Details | Qty | Unit | Rate | Amount |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

**Recurring cleans subtotal** _____

## DEEP CLEAN AND ADD-ON TASKS

| Item | Details | Qty | Unit | Rate | Amount |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Add-ons subtotal** _____

## SUPPLIES

| Item | Details | Qty | Unit | Rate | Amount |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

**Supplies subtotal** _____

## HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal _____

Sales tax, if applicable (_____%) _____

**Amount due** _____

## CLEANING NOTES

_____

_____

*Thank you for having us in your home.*