

Commercial Cleaning Service Invoice

Company Name:

Address:

Phone:

Email:

Invoice #:

Date:

Billed To:

Service Date:

Client Address:

Phone:

Description of Service	Quantity	Unit Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subtotal:

Tax:

Total Due:

Payment Instructions

Notes / Special Instructions

Thank you for your business!