

# Office Cleaning Service Invoice

**Company Name:** Clean & Shine Co.  
**Address:** 123 Office Park Road, Suite 100  
**Phone:** (555) 123-4567  
**Email:** contact@cleanshine.com

**Invoice #:**   
**Date:**   
**Due Date:**

**Billed To:**

Description	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			<input type="text"/>
Tax			<input type="text"/>
Total			<input type="text"/>

**Notes:**

Thank you for your business!