

# Commercial Cleaning Service Invoice

**From:**  
ABC Cleaning Solutions  
1234 Clean St.  
City, State ZIP  
(123) 456-7890

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

**Billed To:**

<input type="text"/>
<input type="text"/>
<input type="text"/>

Description	Quantity	Unit Price	Amount
<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:**

**Notes:**

<input type="text"/>
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*Thank you for your business!*