

Office Cleaning Invoice

Invoice Number:

Date:

Billed To:

Company Name:

Address:

Description	Hours	Rate	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 Amount Due			<input type="text"/>

Notes / Instructions:

Payment Terms: