

Window Cleaning Service Invoice

Invoice Number:

Date:

Customer Name:

Address:

Phone:

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:

Tax:

Total Amount:

Notes:

Thank you for your business!