

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!