INVOICE

Invoice #: _____

Date: _____

Due date: _____

FROM

Business name
_____

Your name
_____

Street address
_____

City, Province/State Postal/ZIP
_____

Phone
_____

Email
_____

Business number / tax ID
_____

BILL TO

Client name
_____

Company (if any)
_____

Service address
_____

Billing address (if different)
_____

Phone
_____

Email
_____

Description of work	Qty	Rate	Amount
Standard clean — 3 bed / 2 bath	1		
Deep clean — kitchen and appliances	1		
Interior windows			
Supplies			

Subtotal	
Tax	
Total due	

PAYMENT TERMS AND NOTES

Payment method / details: _____

Terms (for example, payment due within 14 days): _____

Notes: _____

Recurring clients: note the service frequency (weekly / biweekly / monthly) so the invoice matches the agreed rate.