

# Cleaning Services Billing Statement

## Service Provider

Company Name  
Address Line 1  
Address Line 2  
Phone:  
Email:

## Statement Details

Date: \_\_\_\_\_  
Invoice #: \_\_\_\_\_  
Due Date: \_\_\_\_\_

## Billed To

Client Name  
Address Line 1  
Address Line 2  
Phone:  
Email:

Description of Services	Date	Hours	Rate	Amount
<b>Subtotal</b>				
<b>Tax</b>				
<b>Total</b>				

Payment Instructions: \_\_\_\_\_  
Notes: \_\_\_\_\_