

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
Subtotal				
Tax				
Total				

Payment Instructions: _____
Notes: _____