

Contractor

Business name	_____	Phone	_____
Business address	_____	Email	_____
City, state, ZIP	_____	Business license number (if applicable)	_____

Bill to

Client name	_____	Phone	_____
Billing address	_____	Email	_____
City, state, ZIP	_____	Service address (if different)	_____

Invoice details

Invoice number	_____	Invoice date	_____
Due date	_____	Service date	_____
Service frequency	_____	Next scheduled visit	_____

Work performed

1. _____
2. _____
3. _____

Line items

#	Description	Quantity	Unit	Unit price	Amount
1	Example: 3 bedrooms, 2 bathrooms, kitchen, living room		room / sq ft		
2	Example: standard biweekly clean		visit / hour		
3	Example: cleaner-provided supplies and equipment		flat fee		
4	Example: interior window cleaning add-on		each		
5	Example: inside-oven cleaning add-on		each		
6	Example: carpet spot-clean add-on		room / each		
7					
8					
9					
10					
11					

12					
13					
14					

Subtotal	
Recurring service discount	
Taxable subtotal	
Tax rate	
Tax	
Total	
Deposit received	
Balance due	

Payment methods

Check payable to		Mail check to	
Bank transfer, account name		Routing and account reference	
Payment app handle		App name and username	

Terms

Payment terms		Late payment policy	
Next scheduled visit reference		Recurring schedule notes	

Questions on this invoice are answered before the due date. Reference the invoice number on every payment.