Bill to:

Name:

House No:

Street Address:

City, ZIP Code, City, Town:

Phone No:

House Cleaning Invoice

Invoice Details:

Invoice No:

Invoice Date:

Account No:

|  |  |  |
| --- | --- | --- |
| Service’s | Amount | Line Total |
| Entryway | | |
| Sweep floors | $00 | $00 |
| Mop floors | $00 | $00 |
| Wipe walls | $00 | $00 |
| Clean door | $00 | $00 |
| Organize shoes | $00 | $00 |
| Living Rooms | | |
| Dust furniture’s | $00 | $00 |
| Vacuum sofa and chairs | $00 | $00 |
| Clean windows | $00 | $00 |
| Mop or vacuum floors | $00 | $00 |
| Clean celling fans | $00 | $00 |
| Kitchen | | |
| Mop floor | $00 | $00 |
| Clean dishwasher | $00 | $00 |
| Clean microwave | $00 | $00 |
| Wipe drawers and shelves | $00 | $00 |
| Laundry Room | | |
| Clean washing machine | $00 | $00 |
| Clean dryer | $00 | $00 |
| Organize laundry supplies | $00 | $00 |
| Kids Playroom | | |
| Mop or vacuum floor | $00 | $00 |
| Wipe walls | $00 | $00 |
| Clean windows | $00 | $00 |
| Clean mats | $00 | $00 |

Totals:

Payment Method

By Bank

Bank Name: Your Bank Name

Swift code:

Account No:

By Online

PayPal, Visa, Master Card,

American Express



Terms & Conditions