

House Cleaning Invoice

Bill To

Name

House No:

Street Address:

City, ST, ZIP code:

Phone No:

Invoice

Date:

Invoice No:

Customer ID:

|  |  |  |  |
| --- | --- | --- | --- |
| Maid | Job | Payment Terms | Due Date |
|  |  |  |  |
| Service | | Entryway | |
| Description | | Amount | Line Total |
| Sweep floors | | $00 | $00 |
| Mop floors | | $00 | $00 |
| Wipe walls | | $00 | $00 |
| Clean door | | $00 | $00 |
| Organize shoes | | $00 | $00 |
| Service | | Living Room | |
| 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 |
| Service | | Kitchen | |
| Mop floor | | $00 | $00 |
| Clean dishwasher | | $00 | $00 |
| Clean microwave | | $00 | $00 |
| Wipe drawers and shelves | | $00 | $00 |
| Service | | Laundry Room | |
| Clean washing machine | | $00 | $00 |
| Clean dryer | | $00 | $00 |
| Organize laundry supplies | | $00 | $00 |

Totals:

Terms and Condition’s: