

**Room Cleaning Invoice**

Invoice Details

Date:

Invoice No:

Customer Id:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| Bill To: | | Starting Time: | | |
| Client Name : |  | Job Name : | | |
| Address : |  |
| City, State |  | Job Location : | | |
| Phone No : |  |
|  | | | | |
| Work To Be Done | | | Rate | Amount |
| Sweep floors | | | $00 | $00 |
| Mop floors | | | $00 | $00 |
| Wipe walls | | | $00 | $00 |
| Clean door | | | $00 | $00 |
| Dust furniture’s | | | $00 | $00 |
| Vacuum sofa and chairs | | | $00 | $00 |
| Clean windows | | | $00 | $00 |
| Clean celling fans | | | $00 | $00 |
| Total Labor | | | $00 | |
| Total Materials | | | $00 | |
| Tax | | | $00 | |
| Total | | | $00 | |
| Terms & Conditions: | | | | |
|  | | | | |
|  | | | | |
| Preferred Payment Mode: (mention the mode by which the consultant wishes to acquire his outstanding payment from the present invoice)  • Cash  • NEFT  • Money Order  Through Master or VISA card | | | | |

