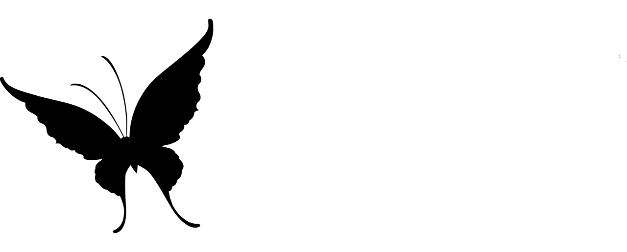
|  |
| --- |
| *Room Cleaning Invoice* |
| Invoice No : |
| Issue date : |
|  |



Bill to:

|  |
| --- |
| Client Name : |
| Address : |
| City, State |
| 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 | $00 | $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

