Cleaning Invoice

Company name _____
Address _____
Contact Details _____

Invoice No. _____
Date _____
Due Date _____

Billed to:

Name _____
Company Name _____
Address _____
Contact Details _____

Item/Service	Quantity	Unit Price	Total
		Subtotal	
		Discount	
		Subtotal less Discount	
		Tax Rate	
		Total Tax Rate	
		Amount Due:	

Terms and Conditions