

INVOICE

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INVOICE

[Your Company Name] * [Your Mailing Address] * [Your Phone Number]

Date:	Terms: Due at Time of Service
Name:	Address:

Unpaid Balance Due	Balance:
Description of Service:	Amount:
Cash ____ Check # _____ Money Order # _____ PayPal ____	Paid:
Credit/Debit Type _____ Account: _____	Total Due:

Damage Incurred at Time of Service:

Note: When documented, office will call you to discuss damage and reimbursement

Damage Identified by Cleaning Team/Person:

Note: This is damage the team/person noticed while cleaning and was not caused at this scheduled appointment or by our service.

Next Scheduled Appointment:	Cleaning Supervisor:
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[Your Company Name]