CARPET CLEANING INVOICE

Invoice #	
Issue Date	
Due Date	
Tax Rate	

[Company Name]

Service Destination (Address):

From	To
[Company Name]	**[Company Name]**
[Attn]	[Attn]
[Street Address]	[Street Address]
[City, State, Zip]	[City, State, Zip]
[Phone]	[Phone]
[E-Mail]	[E-Mail]

S No	Description	Hours	$ / Hour	Amount

Notes:

Sub Total	
Discount	
Tax	
Total	
Paid	
Due Amount	