OFFICE CLEANING INVOICE

Invoice #	
Issue Date	
Due Date	
Tax Rate	

[Cleaning Agency Name]

Service Destination (Address):

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

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

S No	Description	Hours	$ / Hour	Amount

Service Terms:
* The quick brown fox jumped upon a lazy dog. The quick brown fox jumped upon a lazy dog.
* The quick brown fox jumped upon a lazy dog
* The quick brown fox jumped upon a lazy dog.
* The quick brown fox jumped upon a lazy dog.The quick brown fox jumped upon a lazy dog.The quick brown fox jumped upon a lazy dog.

Sub Total	
Discount	
Tax	
Total	
Paid	
Due Amount	