INVOICE

[Your Business Name]
[Street address]
[City, State ZIP]
[email@yourbusiness.com]
[(555) 555-0123]

BILL TO

[Client Name]
[Street address]
[City, State ZIP]
[client@email.com]
Service address: [Address cleaned]

Invoice number:	INV-0001
Invoice date:	10/27/2026
Due date:	11/03/2026
Terms:	Net 7

SERVICE	UNIT PRICE	QUANTITY	AMOUNT
Standard clean, 3 bed / 2 bath Biweekly visits: [date], [date]	$145.00	2	**$290.00**
Deep clean add-on: inside oven [date]	$35.00	1	**$35.00**
Deep clean add-on: inside fridge [date]	$35.00	1	**$35.00**
Interior windows 12 windows	$5.00	12	**$60.00**

NOTES/MEMO

Recurring biweekly service. Please give 24 hours' notice to reschedule; late cancellations are charged at 50%. Thank you!

Subtotal:	$420.00
Amount due:	**$420.00**