INVOICE

Invoice no.

Invoice date

Due date

FROM

Business name

Address

Phone / email

BILL TO

Customer name

Address

Phone / email

Service address

Date(s) of service

WORK COMPLETED

List rooms or measured area, fiber considerations, treatment and furniture-moving arrangements.

Description	Unit	Qty	Rate	Amount
Standard Room	room			
3 Room Special	each			
Pet Odor Treatment	room			
Sofa (3-cushion	each			
Carpet Cleaning (per sqft	sq ft			

HOW TO PAY

Who to make a check out to, bank transfer details or a pay link, and any late fee.

NOTES

Subtotal	
Tax rate (%)	
Tax	
Total	
Amount paid	
Balance due	