

**Housekeeping Program  
Resident Services Invoice**

To: \_\_\_\_\_ Apartment No.: \_\_\_\_\_

Date Billed: \_\_\_\_\_

Date Due: \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Date of Service	Description of Services	Number of Hours	Cost

Total Amount Due: \$ \_\_\_\_\_

(Cost based on \$ \_\_\_\_\_ per hour)