

CLEANING ESTIMATE

[Company Name]
[Phone Number]
[Email Address]
[Website]

Estimate #: _____
Date: _____
Valid Until: _____

CLIENT INFORMATION

Name: _____
Address: _____
City/Zip: _____
Phone: _____

SERVICE DETAILS

Service Type: Standard Deep Move In/Out
Frequency: Once Weekly Bi-Weekly
Square Footage: _____
Pets: Yes No

SCOPE OF WORK & ESTIMATED COSTS

Service Description	Qty / Hours	Rate	Total
General Room Cleaning (Dusting, Vacuuming, Trash)			
Kitchen Detail (Appliances, Counters, Floors)			

Service Description**Qty / Hours****Rate****Total**

Bathroom Sanitation & Scrub

Windows / Blinds / Baseboards

Add-on: _____

ROOM CHECKLIST

Kitchen
Living Room
Master Bedroom
Dining Room
Hallways/Stairs
Guest Bedroom(s)
Bathrooms (Qty: __)
Finished Basement
Home Office

Subtotal: \$ _____

Discount / Tax: \$ _____

ESTIMATED TOTAL: \$ _____**NOTES & SPECIAL INSTRUCTIONS**

Terms: This is an estimate based on initial inspection. Final price may vary based on actual condition of the property.
Access to water and electricity is required.

Client Signature: _____

Date: _____