

# ESTIMATE

**Service Provider:**

Estimate #: \_\_\_\_\_

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

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## Client Information:

Name:

Address:

Phone:

### Home Details:

Sq. Footage:

Bed/Bath Count:

Service Type:  Standard  Deep  Move-In/Out

## SERVICE DETAILS

Description of Cleaning Tasks	Hours/Qty	Rate	Total
General Cleaning (Kitchen, Living Area, Floors)			
Bathroom Sanitation & Scrubbing			
Bedroom Dusting & Linens			

**Description of Cleaning Tasks**

**Hours/Qty**

**Rate**

**Total**

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Add-on: Interior Windows / Appliances

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Add-on: Pet Hair Removal / Heavy Duty

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Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**Total Estimate: \$ \_\_\_\_\_**

**NOTES & TERMS**

- \* This estimate is valid for 30 days.
- \* Final price may vary based on the actual condition of the home upon arrival.
- \* Access requirements:

Thank you for the opportunity to bid on your home cleaning needs!