

ESTIMATE

[Company Name]

[Phone/Email]

ESTIMATE DATE
ESTIMATE #

CLIENT INFORMATION

[Name]

[Service Address]

[City, State, Zip]

PROPERTY DETAILS

[Sq Footage / Rooms]

[Service Date Requested]

[Access Instructions]

Description of Cleaning Services	Qty/Hrs	Total
General Room Cleaning (Dusting, Vacuuming, Trash)		
Kitchen Deep Clean (Appliances, Cabinets, Surfaces)		
Bathroom Sanitation (Scrubbing, Disinfecting)		

Description of Cleaning Services	Qty/Hrs	Total
Floor Care (Mopping, Polishing)		
Additional Tasks:		
<hr/>		
Subtotal: \$ _____		
Tax: \$ _____		
Estimated Total: \$ _____		

TERMS & CONDITIONS

This estimate is based on the initial walkthrough and is valid for 30 days. Final pricing may be adjusted based on the actual condition of the residence at the time of service.

CLIENT SIGNATURE OF ACCEPTANCE