

CLEANING ESTIMATE

Estimate #: _____

Date: _____

SERVICE PROVIDER

[Company Name]

[Phone Number]

[Email Address]

[Website]

CLIENT INFORMATION

[Client Name]

[Service Address]

[City, State, Zip]

[Phone/Email]

PROPERTY DETAILS

Home Type: _____

Sq. Footage: _____

Bed/Bath: _____

Description of Services	Hours/Qty	Rate	Total
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Standard Residential Cleaning

Kitchen, living areas, dusting, floors

Deep Clean Add-ons

Baseboards, windows, inside appliances

Description of Services	Hours/Qty	Rate	Total
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Supplies & Equipment Fee

Subtotal: \$ _____

Tax: \$ _____

ESTIMATED TOTAL: \$ _____

TERMS & CONDITIONS

1. This estimate is valid for 30 days from the date issued.
2. Final price may vary based on the actual condition of the property upon arrival.
3. Cancellation requires 24-hour notice to avoid a service fee.
4. Payment is due upon completion of services.

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