

CLEANING ESTIMATE

Company Name
Street Address
City, State, Zip
Phone / Email

Estimate #: _____
Date: _____

CLIENT INFORMATION

Name: _____
Address: _____
Apt #: _____
Phone: _____

SERVICE DETAILS

Service Type: Standard Deep Clean
Bedrooms: _____ Bathrooms: _____
Scheduled Date: _____
Access Info: _____

Description of Services / Areas	Qty/Hrs	Rate	Total
General Room Cleaning (Dusting, Vacuuming, Mop)			
Kitchen Sanitization (Appliances, Counters)			
Bathroom Scrub & Disinfect			
Add-on: _____			

Description of Services / Areas	Qty/Hrs	Rate	Total
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Add-on: _____

Subtotal: \$ _____

Tax / Fees: \$ _____

Estimated Grand Total: \$ _____

Notes: This estimate is based on the initial assessment of the premises. Final pricing may vary based on the actual condition of the apartment at the time of service.

Approval Signature: _____ Date: _____