

[Business Name]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email Address]

ESTIMATE

Estimate #: [000]
Date: [MM/DD/YYYY]
Valid Until: [MM/DD/YYYY]

CLIENT / SERVICE LOCATION

[Client Name]
[Street Address]
[City, State, Zip]
[Phone Number]

SERVICE DETAILS

Frequency: [One-time / Weekly / Bi-weekly]
Square Footage: [Sq Ft]
Scheduled Date: [Date]

SERVICE DESCRIPTION	QUANTITY/HOURS	RATE	AMOUNT
[General Cleaning - e.g., Kitchen, Bathrooms, Living Areas]			\$0.00
[Add-on - e.g., Inside Oven, Windows, Refrigerator]			\$0.00

SERVICE DESCRIPTION	QUANTITY/HOURS	RATE	AMOUNT
[Deep Cleaning Surcharge]			\$0.00

Subtotal \$0.00
Tax \$0.00
Total Estimate \$0.00

NOTES & TERMS

Estimate is based on the initial walkthrough. Final price may vary if the scope of work changes or if the property condition requires additional labor. Please provide [24/48] hours notice for cancellations.