

CLEANING ESTIMATE

Estimate #: _____

Date: _____

[Company Name]

[Street Address]

[City, State, Zip]

[Phone Number]

[Email Address]

CLIENT INFORMATION

[Client Name]

[Service Address]

[City, State, Zip]

[Phone/Email]

SERVICE SCHEDULE

Requested Date: _____

Frequency: _____

Description of Services	Rooms/Area	Rate/Price
[e.g., General Cleaning / Deep Clean]	[e.g., 3 Bed, 2 Bath]	\$
[e.g., Kitchen - Inside Appliances]	[Details]	\$
[e.g., Window Washing / Carpet Steam]	[Details]	\$

Subtotal: \$ _____

Tax: \$ _____

Total Estimate: \$ _____

TERMS & NOTES

This estimate is valid for 30 days. Final price may vary based on the actual condition of the residence at the time of service. Please provide 24-hour notice for cancellations.

Customer Signature: _____ Date: _____