

# ESTIMATE

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

ESTIMATE # [000]  
DATE [MM/DD/YYYY]  
VALID UNTIL [MM/DD/YYYY]

## CLIENT INFORMATION [Client Name]

[Service Address]  
[Phone/Email]

SERVICE DETAILS **Type:** [One-Time / Weekly / Bi-Weekly]

**Home Size:** [Sq Ft / # Bed / # Bath]

**Estimated Time:** [Total Hours]

Service Description	Rate	Qty/Hrs	Amount
General Cleaning (Living Areas, Kitchen, Bedrooms)	\$0.00	0	\$0.00
Bathroom Sanitization & Deep Scrub	\$0.00	0	\$0.00
Additional Services: [Window/Laundry/Fridge]	\$0.00	0	\$0.00

Subtotal: \$0.00

Tax: \$0.00

**Estimated Total: \$0.00**

## NOTES / SCOPE OF WORK

[Insert specific instructions or exclusions here, e.g., "Estimate excludes exterior windows and basement areas."]

---

This is an estimate only, not a final bill. Final costs may vary based on the actual condition of the home at the time of service.