

MOVE-IN CLEANING ESTIMATE

Estimate #: _____

Date: _____

Company Name

Address Line 1

Phone / Email

CLIENT DETAILS

Name:

Phone:

SERVICE LOCATION

Address:

Sq Footage:

Service Description (Move-In Checklist)	Qty/Hrs	Rate	Total
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General Room Cleaning (Dusting, Floors,
Baseboards)

Kitchen Deep Clean (Inside
Cabinets/Drawers/Appliances)

Bathroom Sanitation & Detail

Window Interiors & Tracks

Other:

Subtotal \$ _____

Tax \$ _____

Estimated Total \$ _____

NOTES & TERMS

1. This estimate is based on the initial walkthrough and property size.
2. Final price may vary based on actual condition of the property upon arrival.
3. Water and electricity must be turned on prior to service.

Customer Signature: _____ Date: _____