

ESTIMATE

[Company Name]

[Street Address]

[Phone / Email]

Estimate #: _____

Date: _____

Valid Until: _____

CLIENT DETAILS

[Client Name]

[Service Address]

[Phone / Email]

PROPERTY DETAILS

Square Footage: _____

Service Type: Standard Deep Sanitize

Description of Service	Qty/Hrs	Rate	Total
Room/Surface Sanitization			
High-Touch Point Disinfection			
Antimicrobial Coating Application			
Other: _____			

Subtotal: \$ 0.00

Tax: \$ 0.00

Estimated Total: \$ 0.00

TERMS & NOTES

This estimate is based on the initial property walkthrough. Final pricing may vary based on actual site conditions. Services include EPA-approved disinfectants and professional-grade equipment.

Client Signature: _____ Date: _____