

CLEANING SERVICES CO.

123 Service Lane, City, ST 12345
Phone: (555) 000-0000
Email: contact@cleaning.com

ESTIMATE

Estimate #: _____

Date: _____

CLIENT DETAILS

Name: _____

Address: _____

Phone: _____

SERVICE SCHEDULE

Arrival Window: _____

Frequency: One-Time Weekly Bi-Weekly

Description of Service	Qty/Hours	Rate	Total
General Cleaning (Kitchen, Living Areas)		\$	\$
Bathrooms (Deep Clean)		\$	\$
Bedrooms & Dusting		\$	\$

Description of Service	Qty/Hours	Rate	Total
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Add-on: (Windows / Oven / Fridge)		\$	\$
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Subtotal: \$ _____
 Tax: \$ _____
 Estimated Total: \$ _____

NOTES & TERMS

1. This is an estimate only and is subject to change based on the actual condition of the home.
2. Please provide at least 24 hours notice for cancellations.
3. Payment is due upon completion of services.