COMMERCIAL CLEANING ESTIMATE

CLEANING COMPANY

Business name _____

Address _____

Phone / email _____

ESTIMATE DETAILS

Estimate no. _____

Date _____

Valid until _____

Prepared by _____

CLIENT AND SITE

Client _____ Site contact _____

Site _____

SERVICE SCHEDULE

Visits per month _____ Service hours _____

Start date _____

ROUTINE CLEANING

Area or service	Details	Qty	Unit	Rate per month	Monthly amount

Routine cleaning subtotal

ADD-ON SERVICES

Area or service	Details	Qty	Unit	Rate per month	Monthly amount

Add-ons subtotal

Subtotal

Sales tax, if applicable (_____%)

Monthly total

PRICING NOTES

_____

_____

EXCLUSIONS

_____

_____

_____ _____ _____

Accepted by (client signature) Print name Date

Monthly pricing is based on the areas and schedule above and is valid until the date shown.