ESTIMATE

Estimate no.

Date

Valid until

FROM

Business name

Address

Phone / email

PREPARED FOR

Customer name

Address

Phone / email

Job address

Planned start date

SCOPE OF WORK

Record cleanable square footage, facilities, visit schedule, access and consumable restocking.

Description	Unit	Qty	Rate	Amount
Office Cleaning (per sqft	sq ft			
Floor Stripping & Waxing	sq ft			
Daily Office Cleaning (monthly contract	month			
Restroom Deep Clean & Sanitize	each			
Floor Scrub & Recoat (per sqft	sq ft			

NOT INCLUDED

Separate periodic floor work, window cleaning and consumable purchases from routine visits.

Subtotal

Tax rate (%)

Tax

Total

Deposit to book (if any)

CUSTOMER APPROVAL

I accept this estimate and the scope of work above.

Signature

Printed name

Date