**Cleaning Estimate Template**

|  |  |
| --- | --- |
| **Company Name** | Your Logo |
| 123 Company Address Drive |
| Fourth Floor, Suite 412 |
| Company City, NY 11101 |
| 321-654-9870 |
| email address |  |  |
|   |  |   | Estimate |
| Client Name |   | Phone |   |
| Location Address |   |
| Email |   |
|  |  |   |  |
| Priority Level |   | Date of Estimate |   |
| Date Needed |   | Delivery Date |   |
|  |  |  |  |
| **Prepared By** |   | **Title** |   |
|  |  |  |  |
|  | Area / Room / Specific Aspect  | Request Description |   |
| FIRST FLOOR |   |   |
| SECOND FLOOR |   |   |
| DUST |   |   |
| SWEEP |   |   |
| VACUUM |   |   |
| CLEAN SURFACES |   |   |
| ORGANIZE |   |   |

|  |
| --- |
| Additional Instructions |
|   |
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|  |
|  |  |  |  |  |
| Terms |  |
|   |  |
|  |
|  |
|  |
|  |  |  |  |  |
| Costs |  |   |   |  |
|  |  |  |  |  |
| Total Supplies |  **$ -**  |  |  |  |
| Total Labor |  **$ -**  |  |  |  |
| Subtotal |  **$ -**  |  |  |  |
| Tax Rate | **0.000%** |  |  |  |
| Total Tax |  **$ -**  |  |  |  |
| **Estimate Total** |  **$ -**  |  |  |  |
|  |  |  |  |  |
| **Approved By** |   | **Date** |   |  |
| **Client Signature** |   | **Date** |   |  |

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