[Your Business Name]

[phone] · [email] · [address]

Cleaning Service Estimate Form

For cleaning businesses — price the job room by room, add-ons itemised, acceptance signed.

Estimate details

Estimate no.: _____

Date: _____

Valid until: _____

Client & property

Client name: _____

Service address: _____

Phone: _____

Email: _____

Property type: _____

Bedrooms: _____

Bathrooms: _____

Approx. size (sq ft): _____

Service lines

Room / area	Service	Price

Add-ons (optional)

Add-on	Included? (yes / no)	Price

Add-ons offered

- ☐ Inside oven
- ☐ Inside fridge
- ☐ Interior windows

- ☐ Inside cabinets
- ☐ Laundry (wash & fold)
- ☐ Wall spot-cleaning

Visit type

- ☐ First deep clean
- ☐ Recurring — weekly
- ☐ Recurring — every 2 weeks
- ☐ Recurring — every 4 weeks
- ☐ Move-in / move-out

Totals

Subtotal: _____

Recurring-frequency discount: _____

Tax (if applicable): _____

Total estimate: _____

Notes & scope — what is and is not included

_____

_____

_____

Acceptance

Prepared by: _____

Client acceptance signature: _____

Date: _____

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