

Cleaning Business Estimate Form
Click and type to replace with business name

Date Submitted: _____

Area/Room 1	Cost
Vacuum	
Mop	
Dust	
Sinks/Counters	
Toilet/Tub/Shower	
Windows	
Doors/Trim/Handles/Railings	

Description

Area/Room Cost

Area/Room 1	Cost
Vacuum	
Mop	
Dust	
Sinks/Counters	
Toilet/Tub/Shower	
Windows	
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Description

Area/Room Cost

Notes and Comments

Materials	
Tax	
Labor	
Total	