

FROM

Your business name  
Address  
Phone · email

BILL TO

Client name  
Client address  
Phone · email

|                 |           |             |
|-----------------|-----------|-------------|
| ESTIMATE #      | DATE      | VALID UNTIL |
| ADDRESS CLEANED | FREQUENCY |             |

| DESCRIPTION                                                   | QTY × RATE | AMOUNT |
|---------------------------------------------------------------|------------|--------|
| Standard / deep / move-out clean: date (hours × rate or flat) |            |        |
| Recurring: period and visit dates                             |            |        |
| Add-on: oven, fridge, windows, laundry                        |            |        |
| Add-on                                                        |            |        |
| Supplies or travel fee                                        |            |        |
| Tip (optional)                                                |            |        |
|                                                               |            |        |
|                                                               |            |        |
|                                                               |            |        |

NOTES & PAYMENT TERMS

This estimate is valid for 30 days. Final invoice may vary if the scope changes; any change will be approved in writing before work continues. Deposit of 30% due on acceptance.

Subtotal

Tax

ESTIMATED TOTAL