

Commercial Cleaning Proposal Form

Client Information

Business Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

Email Address: _____

Scope of Services

| Service Type | Frequency (Daily/Weekly/Monthly) | Estimated Hours | Price Per Visit |
|-------------------------------|-------------------------------------|--------------------|--------------------|
| Floor Cleaning | | | |
| Restroom Sanitation | | | |
| Window Cleaning | | | |
| Carpet Vacuuming | | | |
| Trash Removal | | | |
| Special Requests (Specify) | | | |

Total Estimated Cost: _____

Additional Notes:

Acknowledgment

I agree to the terms outlined in this proposal and understand the services to be provided.

Client Signature: _____ **Date:** _____