

Office Cleaning Proposal Form

Business Information

Company Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

Email Address: _____

Cleaning Schedule and Services

Service	Frequency (Daily/Weekly/Monthly)	Areas Covered	Price Estimate
Desk Sanitization			
Floor Sweeping/Mopping			
Restroom Cleaning			
Breakroom/Kitchen Cleaning			
Waste Removal			
Additional Services (Specify)			

Additional Notes or Requirements:

Total Proposal Cost: _____

Acknowledgment

I accept the terms of the proposal and confirm the services as described above.

Authorized Signature: _____ **Date:** _____