

Apartment Cleaning Quotation

Quotation Reference No: _____

Client Details

Client Name:

Address:

Phone / Email:

Date:

Cleaning Details

Apartment Size:

Number of Bedrooms:

Number of Bathrooms:

Frequency:

Single / Weekly / Bi-Weekly / Monthly

Special Instructions:

Quotation Breakdown

Description	Quantity	Unit Price	Total
General Cleaning	____	_____	_____
Kitchen Cleaning	____	_____	_____
Bathroom Cleaning	____	_____	_____
Additional Services	____	_____	_____

Subtotal:

Tax (if applicable):

TOTAL:

Terms & Conditions

- Quotation valid for ____ days from the date above.
- Payment terms: ____.
- Any additional service not listed above may be charged separately.

Notes: _____

Company Representative

Client Signature