

# Maid Service Quote

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

## Service Details

Description of Services	Frequency	Unit Price	Quantity	Total
General Cleaning (Kitchen, Bathroom, Living Areas, Bedrooms)	Weekly	_____	_____	_____
Deep Cleaning	One Time	_____	_____	_____
Window Cleaning	Monthly	_____	_____	_____
Other: _____	_____	_____	_____	_____

## Summary

Subtotal: \_\_\_\_\_

Tax: \_\_\_\_\_

Total: \_\_\_\_\_

## Notes / Terms

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized by: \_\_\_\_\_

Date: \_\_\_\_\_