

Recurring Home Cleaning Services Quotation

Quotation Date: _____

Customer Information

Name	_____
Address	_____
Phone	_____
Email	_____

Service Details

Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Estimated Start Date	_____

Cleaning Services Included

Service Description	Qty	Unit Price	Total
General Room Cleaning	_____	_____	_____
Kitchen Cleaning	_____	_____	_____
Bathroom Cleaning	_____	_____	_____
Additional Services	_____	_____	_____

Quotation Summary

Subtotal	_____
Tax	_____
Total Per Visit	_____

Terms & Notes

- This quotation is valid until: _____
- Payment is due upon completion of each service unless otherwise agreed.
- For additional services not listed above, a separate quotation may be required.
- Please inform us at least 24 hours in advance for any schedule changes or cancellations.

Accepted By

Name & Signature: _____

Date: _____