

Basic Office Cleaning Quotation Form

Client / Company Name

Contact Person

Email Address

Phone Number

Office Address

Date

Cleaning Frequency

Select

Estimated Office Area (sqm)

Services Required

Service	Include
General Cleaning (Floors, Desks, Trash)	<input type="checkbox"/>
Toilet/Washroom Cleaning	<input type="checkbox"/>
Glass/Window Cleaning	<input type="checkbox"/>
Vacuum Carpet/Upholstery	<input type="checkbox"/>
Pantry/Coffee Area Cleaning	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>

Other Services / Notes

Quoted By

Quotation No.

Quotation Amount

Terms and Conditions