

# HOTEL CLEANING QUOTE

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

Contract Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Details of Quote:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Cleaning required \_\_\_\_\_ days/week

Area in Square Meters (Sq.m.): \_\_\_\_\_

## Building Details:

Total size: \_\_\_\_\_ No. of floors x \_\_\_\_\_ Sq.m./floor = \_\_\_\_\_ Total Sq.m.  
Square Meters: \_\_\_\_\_ Carpet \_\_\_\_\_ Vinyl \_\_\_\_\_ Other

Floor Conditions:	_____ Good	_____ Fair	_____ Poor
Dirt Levels:	_____ Light	_____ Medium	_____ Heavy
Traffic Density:	_____ Low	_____ Medium	_____ High
Furniture Density	_____ Low	_____ Medium	_____ High

## Floor Stripping Frequency:

Elevators:	Qty. _____	Sq.m. _____	
Stairs:	Qty. _____	Sq.m. _____	
Toilets:	Qty./floor _____	x No. of floors _____	= _____
	_____ Toilets	_____ Urinals	_____ Basins
Toilet floor type:	_____	Sq.m. _____	
Toilet supplies:	_____ Supplied by Building	_____ Supplied by Contractor	

**THIS IS A 4-PAGE DOCUMENT.**