

OFFICE 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 5-PAGE DOCUMENT.