

YOUR COMPANY NAME

Address
CITY, STATE, ZIP CODE
Phone Number
Advertising Line

Cleaning Proposal

FOR _____

LOCATION _____

CONTACT _____ PHONE _____

SERVICES REQUIRED		FREQUENCY				SERVICES REQUIRED		FREQUENCY			
AREA / ITEMS	WORK DESCRIPTION	DAILY	WEEKLY	MONTHLY	OTHER	AREA / ITEMS	WORK DESCRIPTION	DAILY	WEEKLY	MONTHLY	OTHER
RESTROOMS											
TOILETS • SINKS • URINALS	CLEAN • SANITIZE • POLISH					DOORS • WALLS • PARTITIONS					
TRASH CONTAINERS	EMPTY • LINE • CLEAN • SANITIZE					ENTRANCE GLASS DOORS	CLEAN				
DISPENSERS: SOAP, TOWEL, TISSUE, NAPKIN	FILL • CLEAN • SANITIZE					INTERIOR GLASS	CLEAN				
GLASS • MIRRORS • CHROME HARDWARE	CLEAN • POLISH					LEDGES • WINDOW SILLS	DUST				
FLOORS	SWEEP • DAMP MOP • SANITIZE					DOORS • FRAMES • WALLS	SPOT CLEAN				
PARTITIONS • DOORS	DUST • DAMP MOP • SPOT CLEAN					BASEBOARDS	DUST				
WALLS BY SINKS / URINALS	DAMP WIPE					MISCELLANEOUS					
FLOOR DRAINS	SEAL • CLEAN					WASTE CANS	EMPTY				
FLOORS											
RESILIENT	SWEEP					ASH TRAYS • URNS	EMPTY • DAMP WIPE				
RESILIENT	DAMP MOP					VENDING MACHINES	DAMP WIPE				
RESILIENT	WAX					LIGHTS	REPLACE • DUST				
RESILIENT	BUFF					CHAIRS • CLOCKS • PICTURES	DUST • DAMP WIPE				
CEMENT • TERRAZZO • TILE • OTHER	SWEEP • DAMP MOP					VENTS • LOUVERS • FANS • BLINDS	CLEAN • VACUUM				
RUGS • CARPETS	VACUUM • SHAMPOO					UPHOLSTERED FURNITURE • DRAPES	VACUUM • SHAMPOO				
EXTERIOR											
ENTRANCE	SWEEP					GLASS WINDOWS / DOORS	CLEAN				
PAPER • DEBRIS	PICK UP					MATS	VACUUM • PICK UP / TURN				
SIDEWALKS	SWEEP					DRINKING FOUNTAINS	CLEAN • POLISH • SANITIZE				
PARKING LOTS	SWEEP					KICKPLATES • THRESHOLDS	CLEAN • POLISH				
						LIGHT SWITCHES • HANDLES • PUSH PLATES	CLEAN • POLISH				
						DESKS • TABLES • PHONES	DUST • DAMP WIPE • SANITIZE				
						JANITOR'S STORAGE AREAS	CLEAN • ORGANIZE • RESTOCK				

SPECIAL INSTRUCTIONS / NOTES

Terms and Conditions

- Cleaning supplies to perform this service will be supplied by: _____
- In the event that this Agreement proves unsatisfactory, it may be terminated by a 30 day written notice by either party.
- Total costs of services will be \$ _____ per month. Date _____
- Date services begin _____
- This offer or agreement expires on _____

Quoted by _____

Acceptance of Proposal

Authorized Signature _____ Date _____