



Business Name

Contact: Your Name Here
 Office: 000-000-0000
 Email: Your Email Address Here

Office Cleaning Proposal

0000921

Contact: _____
 Address: _____

Date:	File Number:
Phone Number:	Renewal Date:

AREAS	DESCRIPTION	FREQUENCY					AREAS	DESCRIPTION	FREQUENCY					
RESTROOMS	# of Restrooms:	D	W	B	M	O	EXTERIOR			D	W	B	M	O
Toilets · Urinals	Clean · Sanitize						Trash · Ashtrays	Empty · Clean · Line						
Sinks · Counters · Mirrors	Clean · Sanitize						Doors · Windows	Wipe Down · Clean						
Floors · Drains	Sweep · Mop · Clean						Parking Lot · Sidewalks	Pick-up Trash · Sweep						
Walls · Partitions · Doors	Clean · Sanitize · Dust						Other							
Trash	Empty · Clean · Line						SNACK / CAFFETERIA			D	W	B	M	O
Supplies	Fill · Restock						Floors	Sweep · Mop						
Other							Tables · Chairs	Clean · Sanitize						
MAIN FLOORS	# of Floors:	D	W	B	M	O	Counters · Appliances	Clean · Sanitize						
Floors	Sweep · Mop · Vacuum						Windows · Blinds · Doors	Clean · Dust						
Walls · Cubicles · Doors	Clean · Dust						Other							
Desks · Tables · Phones	Clean · Sanitize						MISCELLANEOUS			D	W	B	M	O
Trash	Empty · Clean · Line						Water Fountains	Clean · Sanitize						
TV · Pictures · Lights	Dust						Vending Machines	Clean · Sanitize						
Windows · Blinds	Clean · Dust						Mats · Runners · Carpet	Vacuum · Shampoo						
Chairs · Benches · Couch	Vacuum · Clean · Dust						Elevators	Clean · Sanitize						
Other							Other							

COMMENTS / SPECIAL INSTRUCTIONS:

TERMS OF SERVICE	Acceptance of Proposal
<p>Business Name agrees to supply all materials needed to complete the job. Any changes in above specifications require a written change order in order for work to be completed. Cost may increase due to additional, unexpected work. A late fee of \$30 will apply on accounts 30 days past due.</p>	<p>Business Name agrees to perform the work specified for a sum of \$_____ dollars per month. Invoices will be mailed monthly due on the first of the month. Services will begin on _____ at _____ days per week for a duration of _____ months.</p> <p>Authorized Signature: _____ Date: _____</p> <p><small>*By signing you are agreeing to the entire contents of this proposal. If you decide to terminate this agreement you must do so in writing with 30 days notice. Payment will be due for all services rendered.</small></p>