

YOUR COMPANY NAME

Address
CITY, STATE, ZIP CODE
Phone Number

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

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 _____