

Bid Estimating Worksheet

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

Client: \_\_\_\_\_ Phone: \_\_\_\_\_

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

	M	T	W	Th	F	Sat	Sun
Days of Service:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Time of Service: Morning  Afternoon  Evening  Night

# of employees: \_\_\_\_\_

Areas not serviced: \_\_\_\_\_

\_\_\_\_\_

Areas to be cleaned: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supplies client buys: \_\_\_\_\_

\_\_\_\_\_

Supplies contractor provide: \_\_\_\_\_

\_\_\_\_\_

Extra Services that can be contracted or scheduled:

\_\_\_\_\_

\_\_\_\_\_

Contractor is responsible for emptying containers: Yes  No