



1. CONTRACT DETAILS

Company Name:

Contact Person:

Site Address:

Phone / Email:

Contract Start:

Contract Review Date:

2. CLEANING SPECIFICATION SCHEDULE

Area / Task	Description	Frequency	Day(s)	Time	Initials
RECEPTION / ENTRANCE					
Reception Desk	Wipe surfaces, sanitise	Daily	Mon-Fri	AM	
Entrance Floor	Sweep, mop, vacuum	Daily	Mon-Fri	AM	
Glass Door / Windows	Clean streak-free	3x Weekly	Mon/Wed/Fri	AM	
Bins	Empty and reline	Daily	Mon-Fri	AM	
OFFICE AREAS					
Desks & Workstations	Wipe surfaces, sanitise	5x Weekly	Mon-Fri	Eve	
Chairs & Soft Furnishings	Wipe / vacuum	Weekly	Friday	Eve	
Computer Screens	Dust (no liquids)	Weekly	Friday	Eve	
Floors (Carpet)	Vacuum thoroughly	5x Weekly	Mon-Fri	Eve	
Floors (Hard)	Sweep and mop	5x Weekly	Mon-Fri	Eve	
Skirting Boards	Dust and wipe	Monthly	1st Mon	Eve	
Bins	Empty and reline	5x Weekly	Mon-Fri	Eve	
KITCHEN / BREAK ROOM					
Worktops & Surfaces	Clean and sanitise	3x Weekly	Mon/Wed/Fri	Eve	
Sink & Taps	Clean and polish	3x Weekly	Mon/Wed/Fri	Eve	
Microwave (exterior)	Wipe down	3x Weekly	Mon/Wed/Fri	Eve	
Fridge (exterior)	Wipe down	Weekly	Friday	Eve	
Floor	Sweep and mop	3x Weekly	Mon/Wed/Fri	Eve	
Bins	Empty and reline	Daily	Mon-Fri	Eve	
TOILETS / WC					
Toilets	Clean and sanitise inside	Daily	Mon-Fri	AM+Eve	
Sinks & Taps	Clean and polish	Daily	Mon-Fri	AM+Eve	
Mirrors	Clean streak-free	Daily	Mon-Fri	AM+Eve	



3. ADDITIONAL / PERIODIC SERVICES

Service	Frequency	Additional Cost
Deep Clean — Full Office	Quarterly	GBP _____
Carpet Deep Clean	Bi-annually	GBP _____
Window Cleaning (Exterior)	Monthly	GBP _____
Upholstery Cleaning	Annually	GBP _____
Waste Disposal / Recycling	Weekly	GBP _____
Other: _____	_____	GBP _____

4. CONTRACT PRICING

Regular Cleaning Rate:	GBP _____ per visit / GBP _____ per hour
Monthly Contract Value:	GBP _____
Invoice Frequency:	Weekly / Monthly / Per Visit
Payment Terms:	5 calendar days from invoice date
Deposit Required:	GBP _____ (25%-50% for new clients)

5. SPECIAL INSTRUCTIONS & ACCESS

Alarm Code / Access Instructions: _____

Restricted Areas (Do Not Clean): _____

Key / Fob / Access Card Details: _____

Emergency Contact: _____

Special Requirements: _____

6. AGREEMENT & SIGN-OFF

Both parties agree to the cleaning specification and schedule outlined in this document.

Signature: _____

AGU Clean Services: _____

Name: _____

Name: _____

Date: _____ AGU Clean Services | Agnieszka Kalina vel Kalinowska | 07448738971 | agucleanservices@gmail.com