

U.S. Cleaning Professionals: New Bid Form

Office Name:	Office Location:	Office Mailing Address
Contact Name:	Telephone Number: Fax Number: email address:	
Number of Times Cleaned Per week:	Days to be cleaned:	

Entrances/ Vestibules		#	Office /Workstations		#	Kitchen/ Breakrooms		#
Total Number of Glass Doors			Total Number of Glass Doors			Number of Counters & Sinks		
Total Number of Tables/ Counters			Total Number of Offices			Coffee Maker /Microwave		
Total Number of Trash Containers			Total Number of Workstations			Refrigerator		
BANK ONLY: Cleanable ATM areas			Total Number of Conference Rooms			Lunchroom table		
			Number of Elevator or Stairwells			Do we clean dishes?		
			Total Number of Trash Containers			Total Number of Trash Containers		
						What Kind of Paper Towels?		

Restrooms/Lockerroom		Medical Offices /Treatment Rooms		Janitors Closet	
Total Number of Restrooms		Total Number of Rooms		Restroom & Kitchen Products Supplied by Client or USCP?	
Total Number of Toilets		Total Number of Beds		Equipment & Chemicals ALWAYS supplied by USCP.	
Total Number of Urinals		Total Number of Sinks		Is there a mop sink for filling mop bucket for cleaning floor?	
Total Number of Sinks		Total Number of Trash Containers			
Total Number of Showers		What Kind of Toilet paper?			
Total Number of Trash Containers		What Kind of Paper Towels?			
What Kind of Toilet paper?		What Kind of Soap?			
What Kind of Paper Towels?					
What Kind of Soap?					

Items to be cleaned during each service:		Other Items not listed:	
Entrance Areas?		Remove all trash?	
Reception Areas?		Vacuum and mop floors?	
Offices, Patient Rooms, Workstations?		High and low dusting Weekly or Monthly?	
Kitchen or Lunchroom Areas?		Floors stripped and waxed?	
Restrooms and Restocking supplies?		Carpets Steam Cleaned?	