GRID GROUP

Additional Services – Office Cleaning

Please complete the details required for each clean. Site Location: _____

Total Weekly Hours must be signed off by Grid Group & Apollo Branch Manager representatives and PO number shown for total weekly hours.

Date	Area Cleaned	Time spent Cleaning (hours)	Cleaned by (Grid Group Member Name)

Sheet to be completed weekly (Monday to Sunday only) and submitted for payment each Monday

Signed: _____ Grid Group Member

Signed: _____ Apollo Manager

Total Wkly Hrs _____