

**Exhibit B**  
**Pricing Sheet**  
***Janitorial***

Company Name: \_\_\_\_\_

Authorized Representative (AR): \_\_\_\_\_

Signature of AR: \_\_\_\_\_ Date: \_\_\_\_\_

**Please provide the following**

Monthly Service Fee: \$ \_\_\_\_\_  
includes prevailing wage

Mileage Rate if applicable \$ \_\_\_\_\_ per/ \_\_\_\_\_