

**FROM**

Your business name \_\_\_\_\_

Address \_\_\_\_\_

Phone · email \_\_\_\_\_

**BILL TO**

Client name \_\_\_\_\_

Client address \_\_\_\_\_

Phone · email \_\_\_\_\_

|               |                  |             |
|---------------|------------------|-------------|
| ESTIMATE #    | DATE             | VALID UNTIL |
| _____         | _____            | _____       |
| JOB / PROJECT | VALID FOR (DAYS) |             |
| _____         | _____            |             |

| DESCRIPTION                       | QTY × RATE | AMOUNT |
|-----------------------------------|------------|--------|
| Scope item / labor (hours × rate) |            |        |
| Materials or parts                |            |        |
| Travel or delivery                |            |        |
| Allowance (client-selected items) |            |        |
| Permits / fees                    |            |        |
| Deposit due on acceptance (note)  |            |        |
|                                   |            |        |
|                                   |            |        |
|                                   |            |        |
|                                   |            |        |

**NOTES & PAYMENT TERMS**  
This estimate is valid for 30 days. Final invoice may vary if the scope changes; any change will be approved in writing before work continues. Deposit of 30% due on acceptance.

Subtotal

Tax

**ESTIMATED TOTAL** \_\_\_\_\_