

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
PROJECT / AGREEMENT REF.	BILLING PERIOD	LICENSE / REGISTRATION #
TOTAL FEE / PHASE		

DESCRIPTION	QTY × RATE	AMOUNT
Phase: fee, % complete, earned to date, previously billed, this invoice		
Phase: fee, % complete, earned to date, previously billed, this invoice		
Additional service: description, authorized date (hours × rate)		
Consultant: discipline, phase (at cost + markup %)		
Reimbursables: printing, travel, fees (at cost + %)		
Retainer applied / previous payments (negative)		

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