

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
_____	_____	_____
COMMISSION / AGREEMENT REF.	SHIP TO	
_____	_____	

DESCRIPTION	QTY × RATE	AMOUNT
Work: title, medium, size, year (edition # for prints)		
Commission stage: deposit / sketch approval / completion		
Usage rights or license (scope, term, territory)		
Framing / mounting		
Crating, shipping, insurance		
Sales tax (rate %)		

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 _____