

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
_____	_____	_____
PICKUP / DELIVERY DATE, TIME, LOCATION	PERMIT #	
_____	_____	

DESCRIPTION	QTY × RATE	AMOUNT
Custom order: item, servings, flavors, design notes		
Wholesale: item × quantity × unit price		
Event desserts: item × quantity		
Delivery / setup / stand rental		
Sales tax (rate %)		
Deposit received (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 _____