

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
_____	_____	_____
PROJECT / SITE ADDRESS	CONTRACT / PO #	BILLING PERIOD
_____	_____	_____

DESCRIPTION	QTY × RATE	AMOUNT
Phase / division — % complete		
Change order # (approved on)		
Materials stored on site		
Equipment		
Less retainage (%)		
Less previously billed		

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 _____