

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
_____	_____	_____
PO / CONTRACT #	BILLING PERIOD	APPROVER
_____	_____	_____

DESCRIPTION	QTY × RATE	AMOUNT
Consulting — hours × rate (period)		
Day rate — date, on site / remote		
Retainer — month		
Milestone / deliverable (accepted on)		
Expenses at cost (receipts attached)		

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 _____