

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
_____	_____	_____
PROJECT	DUE DATE	
_____	_____	

DESCRIPTION	QTY × RATE	AMOUNT
Project / deliverable		
Hourly work (hours × rate)		
Additional revision round #		
Rush fee / add-on		
Deposit received (against invoice #)		

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 _____