

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
_____	_____	_____
SERVICE ADDRESS	DATE OF SERVICE	
_____	_____	

DESCRIPTION	QTY × RATE	AMOUNT
Service call / trip charge		
Labor — task (hours × rate)		
Parts and materials (receipt)		
Minimum charge adjustment		

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 _____