

ESTIMATE

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
_____	_____	_____
TAX ID (EIN/SSN)	SOW / PO #	
_____	_____	

DESCRIPTION	QTY × RATE	AMOUNT
Service — hours × rate		
Milestone / deliverable		
Reimbursable expense (receipt)		
Mileage (miles × rate)		

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 _____