

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
_____	_____	_____
PROJECT ADDRESS / PHASE	FEE BASIS / MARKUP	RESALE CERT. #
_____	_____	_____

DESCRIPTION	QTY × RATE	AMOUNT
Design fee: phase / task (hours × rate or flat)		
Procurement: vendor, item, quantity (cost + markup % or net price)		
Procurement: vendor, item		
Freight, receiving, installation, styling		
Sales tax on goods (rate %)		
Vendor deposit / payment received (negative)		

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 _____