

**FROM**

Your business name \_\_\_\_\_

Address \_\_\_\_\_

Phone · email \_\_\_\_\_

**BILL TO**

Client name \_\_\_\_\_

Client address \_\_\_\_\_

Phone · email \_\_\_\_\_

|                     |       |                |
|---------------------|-------|----------------|
| ESTIMATE #          | DATE  | VALID UNTIL    |
| _____               | _____ | _____          |
| SITE NAME / ADDRESS | PO #  | SERVICE PERIOD |
| _____               | _____ | _____          |
| CONTRACT #          |       |                |
| _____               |       |                |

| DESCRIPTION                                                         | QTY × RATE | AMOUNT |
|---------------------------------------------------------------------|------------|--------|
| Contract service: schedule, frequency, sq ft, period (monthly rate) |            |        |
| Periodic: strip and wax / carpet / windows (sq ft × rate, WO #)     |            |        |
| Consumables: item × quantity × price                                |            |        |
| Extra service: date, staff × hours × rate                           |            |        |
| Sales tax (rate %)                                                  |            |        |
| Credit / 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** \_\_\_\_\_