

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
_____	_____	_____
MATTER NAME / #	BILLING PERIOD	
_____	_____	

DESCRIPTION	QTY × RATE	AMOUNT
Date, timekeeper: task (hours in tenths × rate)		
Date, timekeeper: task		
Flat fee: service		
Costs advanced: filing / service / copies		
Retainer applied (negative)		
Trust balance remaining (note)		

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 _____