

ESTIMATE

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
_____	_____	_____
EVENT / BOOKING REF.	VENUE	
_____	_____	

DESCRIPTION	QTY × RATE	AMOUNT
Performance: date, venue, time, sets (band fee or per member)		
Additional set / ceremony / overtime (hours × rate)		
Session work: hours or per song		
Lessons: month, count × length × rate		
Travel, lodging, backline / PA rental		
Deposit 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 _____