

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
_____	_____	_____
JOB ADDRESS	LICENSE #	
_____	_____	

DESCRIPTION	QTY × RATE	AMOUNT
Room / area: surfaces, coats, sq ft		
Room / area		
Prep: patch, sand, caulk, prime, wash		
Paint: brand, product, color, gallons × price		
Labor: crew × hours × rate (if not per unit)		
Change order #: area, approved date		

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 _____