

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
_____	_____	_____
SERVICE ADDRESS	LICENSE #	DATE / TIME OF SERVICE
_____	_____	_____

DESCRIPTION	QTY × RATE	AMOUNT
Service call / dispatch (after-hours ×1.5)		
Labor — task (flat rate or hours × rate)		
Parts / fixtures (model #, customer-supplied?)		
Permit and inspection fees (at cost)		
Haul-away / disposal		

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 _____