

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
UNIT / PROPERTY ADDRESS	RENTAL PERIOD	SECURITY DEPOSIT ON FILE

DESCRIPTION	QTY × RATE	AMOUNT
Rent — month, unit		
Utilities billed back (period, reading)		
Parking / pet / storage fee		
Late fee (rent received on)		
Prior balance / payment received		

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