

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
PROPERTY ADDRESS	LICENSE #	CLAIM # / INSURER
DEDUCTIBLE		

DESCRIPTION	QTY × RATE	AMOUNT
Tear-off and disposal (squares, layers)		
Shingles: brand, product, color (squares × price)		
Underlayment, ice and water, drip edge, flashing		
Vents, pipe boots, ridge vent (count)		
Decking replacement / change order #		
Permit and inspection		

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