

**FROM**

Your business name \_\_\_\_\_

Address \_\_\_\_\_

Phone · email \_\_\_\_\_

**BILL TO**

Client name \_\_\_\_\_

Client address \_\_\_\_\_

Phone · email \_\_\_\_\_

|                    |                   |             |
|--------------------|-------------------|-------------|
| ESTIMATE #         | DATE              | VALID UNTIL |
| _____              | _____             | _____       |
| TAX ID (EIN / SSN) | PO / PROJECT REF. |             |
| _____              | _____             |             |

| DESCRIPTION                                        | QTY × RATE | AMOUNT |
|----------------------------------------------------|------------|--------|
| Service: dates, description (hours × rate or flat) |            |        |
| Service: dates, description                        |            |        |
| Materials / supplies (receipts attached)           |            |        |
| Mileage (miles × rate) / travel                    |            |        |
| Software or other reimbursable (at cost)           |            |        |
| 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** \_\_\_\_\_