

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
VEHICLE (YEAR MAKE MODEL, VIN, PLATE)	FROM / TO, DATE, TIME	CLAIM / PO / DISPATCH #
LICENSE / PERMIT #		

DESCRIPTION	QTY × RATE	AMOUNT
Hook-up / base fee: duty class, flatbed or wheel-lift		
Loaded mileage: miles × rate		
Winching / recovery (hours × rate)		
Roadside: jump, lockout, tire, fuel		
Storage: dates, days × daily rate		
After-hours / special equipment / gate fee		

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 _____