

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
PO # / JOB #	LANGUAGE PAIR	QUOTE REF.
DELIVERY DATE		

DESCRIPTION	QTY × RATE	AMOUNT
Document: name, language pair, count basis (words / pages × rate)		
Document: name, language pair, count × rate		
Rush / weekend / formatting surcharge (% or flat, per quote)		
Certification / notarization / hard copies / shipping		
Interpreting: date, assignment, hours × rate (minimum)		
Other		

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 _____