

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
_____	_____	_____
STUDENT / SUBJECT	BILLING PERIOD	
_____	_____	

DESCRIPTION	QTY × RATE	AMOUNT
Session: date, subject, length × rate		
Session: date		
Sessions: dates (count × length × rate)		
Makeup session / extra session		
Materials / late cancellation (per terms)		
Prepaid package credit (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 _____