ESTIMATE

Estimate no.: _____ Date: _____ Valid until: _____

From
Your business name
Address
Phone / email
License or registration no. (if any)

For
Customer name
Job address
Phone / email

Job description
What is done, where, and what is not included.

_____
_____
_____

Description	Qty	Unit	Rate	Amount
Labor		hours		
Materials				
Permits / disposal / travel				
			Subtotal	
			Tax (name and rate: ____ %)	
			Total	
			Deposit requested	

Terms
Payment due: _____. Accepted payment methods: _____. This estimate is valid for ____ days.
Changes to the work may change the price; any change is agreed in writing first.

Accepted by customer Signature: _____ Date: _____

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