Estimate

FROM

Your business name

Street address

City, State ZIP

Email

Phone

Tax ID or registration number, if you have one

PREPARED FOR

Client name

Attention: contact name

Street address

City, State ZIP

Email

Estimate no.	
Date	
Valid for	
Project	

Description	Qty	Rate	Amount
		Subtotal	
		Tax (_____%), if it applies to your work	
		Estimated total	

About this estimate

This estimate is based on what we know on the date above. It is not a fixed price. If the scope changes, or we find conditions we could not see before starting, the cost can change. We will tell you first and get your written approval before the total goes up by more than _____%.

What is not included

-

What you will not do or supply

Approval (optional)

CLIENT

_____

Date