Landscaping Estimate

CONTRACTOR

Your business name

Street address

City, State ZIP

Email

Phone

Tax ID or registration number, if you have one

CUSTOMER

Client name

Attention: contact name

Street address

City, State ZIP

Email

Estimate no.	
Date	
Valid for	
Job	

Scope	
Site notes	
Planned start	

Description	Qty	Rate	Amount
Labor			
		Subtotal: labor	
Materials			

		Subtotal: materials	
Equipment			
		Subtotal: equipment	
		Direct cost	
		Overhead and profit (_____%)	
		Sales tax on materials (_____%)	
		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 _____%.

Approval (optional)

CUSTOMER

_____

_____

Date