

[Your Business Name]

[Street Address]

[City, State ZIP]

[Phone] · [Email]

[Website]

License #: [License Number]

ESTIMATE

Estimate # [0001]

Date [MM/DD/YYYY]

Valid until [MM/DD/YYYY]

Prepared by [Name]

PREPARED FOR

[Customer Name]

[Mailing Address]

[City, State ZIP]

[Phone] · [Email]

JOB SITE

[Job Site Address]

[City, State ZIP]

Site visit: [MM/DD/YYYY]

Estimated start: [MM/DD/YYYY]

SCOPE OF WORK

[Describe the work in plain language: what you will install, repair or replace, where, and what the finished result will be.]

Description	Qty	Unit	Rate	Amount
Labor				
[Task, e.g. Remove and dispose of existing shingles]	[1]	[job]	[\$0.00]	[\$0.00]

Materials and equipment				
[Material, brand, model or grade]	[1]	[ea]	[\$0.00]	[\$0.00]
Other (permits, disposal, equipment rental)				

Subtotal [\$0.00]

Sales tax ([0.00]%) [\$0.00]

Estimate total [\$0.00]

NOT INCLUDED

[Work outside this scope, e.g. drywall repair, painting, hidden damage found after work starts].

Changes to the scope will be quoted in writing before work proceeds.

PAYMENT SCHEDULE

Deposit: [\$0.00 / 0%] on acceptance

Progress payment: [\$0.00 / 0%] on [milestone]

Final payment: [\$0.00 / 0%] on completion

TERMS

This estimate is based on the site visit and information available on the date above, and is valid until the date shown. [Add your warranty, schedule and cancellation terms, and any notices your state requires.]

Customer signature

Date

Contractor signature

Date