

[Company Name]

WORK ESTIMATE

[Street Address]

[City, ST ZIP]

Phone: (000) 000-0000

ESTIMATE #	DATE
2034	5/1/2014

TO

[Name]

[Company Name]

[Street Address]

[City, ST ZIP]

[Phone]

DESCRIPTION OF WORK

Use this section to describe the work to be done. Be very specific.

ITEMIZED COSTS	QTY	UNIT PRICE	AMOUNT
Service Fee	1	200.00	200.00
Labor: 5 hours at \$75/hr	5	75.00	375.00
Parts, including sales tax	7	12.95	90.65
New client discount		(50.00)	(50.00)
			-
			-
			-
			-
			-
			-
			-
Thank you for your business!		TOTAL ESTIMATE \$	615.65

Note: This estimate is not a contract or a bill. It is our best guess at the total price to complete the work stated above, based upon our initial inspection. If prices change or additional parts and labor are required, we will inform you prior to proceeding with the work.

To schedule a time for us to complete the work, or if you have any questions, please contact
[Name, Phone, email@address.com]