

Construction Contractor Estimate Form

Company Information

Company Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Client Information

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Project Details

Project Name: _____

Project Location: _____

Construction Type: _____ Start Date: _____ End Date: _____

Detailed Description of Work: _____

Materials and Labor Breakdown

Material Description	Quantity	Cost per Unit	Total Cost

Labor Costs

Task	Hours	Hourly Rate	Total Cost

Total Estimated Cost: \$ _____

Payment Terms

- Initial Deposit: _____
- Installment Payments: _____
- Final Payment Due: _____

Contractor Signature: _____ Date: _____

Client Signature: _____ Date: _____