[YOUR COMPANY NAME]

Address · Phone · Email · License #

ESTIMATE

Estimate # | Date | Valid until | Prepared by

PREPARED FOR

Client name

Billing address

Phone / email

Job site address

PLUMBING JOB DETAILS

Fixture / appliance

Permit #

Shut-off / access notes

Type	Description	Qty	Unit	Unit price	Line total

SCOPE NOTES AND EXCLUSIONS

Not included: _____

Changes need a signed change order.

Valid for ____ days from the date above.

Deposit of ____% due at signing.

Subtotal

Discount

Tax

TOTAL

Deposit due at signing

Client approval (signature) | Date

Contractor (signature) | Date

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